Nevada Comprehensive Tobacco Control

Five-Year Strategic Goals and Objectives 2005 - 2010

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Department of Health and Human Services

Nevada State Health Division

Bureau of Community Health

Tobacco Prevention And Education Program

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NEVADA COMPREHENSIVE TOBACCO CONTROL

Five Year Strategic Goals and Objectives
2005 - 2010

Introduction

The Nevada Comprehensive Tobacco Control: Five Year Strategic Goals and Objectives 2005 – 2010 was designed as a guide for individuals and organizations dedicated to comprehensive tobacco control in the state of Nevada. This document in conjunction with the *2002 Nevada Tobacco Profile* (http://health2k.state.nv.us/tobacco/Tobacco%20Profile.pdf) establishes the cornerstones for tobacco control planning and implementation for the state. The format for the strategic plan is of a non-narrative nature and is based on the *Key Outcome Indicators For Evaluating Comprehensive Tobacco Control Programs* issued by the Centers for Disease Control and Prevention (CDC) in May 2005. Also used in the design of the strategic plan were *The Guide to Community Preventative Services: Tobacco Use Prevention and Control* (2001) and the *Best Practices for Comprehensive Tobacco Control Programs* (1999).

The Nevada Comprehensive Tobacco Control: Five Year Strategic Plan 2003 -2008 has served for a number of years as the initial guiding document for tobacco control in Nevada. This current update and revision represents an effort to meet not only the ongoing needs, but also the future needs for all Nevadans. This strategic plan is the outcome of a concerted effort between various governmental and private organizations working toward a mutual vision of tobacco control within the state. The planning sessions required for the formulation of this plan also required the professional commitment, compromise, and cooperation of all invested parties in the process. The transition from the previous goal directed planning format to the evidenced-based process promoted by the Centers for Disease Control and Prevention, will position Nevada for the future in tobacco control and will allow the state to meet effectively the challenges presented by a science based evaluation process.

The revised strategic plan has a number of new features and language that bear review and mentioning. The organization of the document follows the sequencing of templates provided in the *Key Indicator Manual* for each identified goal and a copy of each goal template is included at the end of each section in the strategic plan. The methods presented are research based and utilize a scientific model approach. The proposed interventions are designed to formulate a state of the art approach to comprehensive tobacco control program. The following conventions and concepts will be adopted and utilized throughout the strategic plan.

- **Goal Areas:** One of the four components of the overall goal of CDC's National Tobacco Control Program
- **Inputs:** Resources used to plan and set up a tobacco control program within each goal area
- **Activities:** The events or actions that are part of a tobacco control program
- **Outputs:** The direct products of a program
- **Outcomes:** The term is used in this plan for the short-term, intermediate, and long-term results described in the National Tobacco Control Program logic models for the first three goal areas. These are the results expected if the tobacco control programs provide the needed inputs and engage in the recommended activities described in the logic models. The model is based on a logical progression of events and not necessarily structured on temporal events.

Acknowledgements:

The Nevada State Health Division and the Tobacco Prevention and Education Program would like to acknowledge the following organizations for their contributions to the strategic planning process.

- American Cancer Society
- American Heart Association
- American Lung Association
- Bureau of Alcohol and Drug Abuse - Nevada State Health Division
- Clark County Health District
- Community Council on Youth
- Healthy Communities Coalition
- Laser Concepts of Nevada
- Nevada Department of Education
- Nevada Department of Health and Human Services
- Nevada Institute for Children's Research and Policy
- Nevada Tobacco Prevention Coalition
- Nevada Tobacco Users' Helpline
- PACE Coalition
- Saint Mary's Health Network
- Sierra Health Services
- Tobacco Free Babies Project
- Tobacco Intervention and Education Program - Nevada State Health Division
- University of Nevada - Reno
- Washoe County District Health Department

Table of Contents

Goal 1:

Prevent Initiation of Tobacco Use Among Young People

Goal 1: Prevent Initiation of Tobacco Use Among Young People

(Logic Model Template for Goal 1 is located on page 23)

INPUTS:

- Nevada Tobacco Prevention and Education Program and sub-grantees
- Fund for a Healthy Nevada sub-grantees (prior approval needed from Task Force for the Fund for a Healthy Nevada)
- Other sources obtained by local entities, i.e. American Legacy Fund, Robert Wood Johnson Fund, etc.

ACTIVITIES:

Community mobilization

- Strengthen and enforce school policies on no tobacco use
- Provide technical assistance to local and statewide partners for the wide use of evidence-based effective interventions promoting nonuse of tobacco products by youth.

  Target Population: Youth

  Staff and volunteers for public health agencies, school districts, Department of Education, community-based organizations, and state or local coalitions. Priority for activities will be to provide information regarding the effectiveness of evidence-based interventions and provide opportunities for training to increase the knowledge and skills of tobacco prevention partners in all aspects of comprehensive programs.

  Basic Principles:

  As programs develop, it is important to incorporate the following basic principles:

  Developing a highly skilled and diverse tobacco prevention and education workforce is essential to the implementation of effective programs.

  Increasing the use of evidence-based interventions increased the rate of declining tobacco use and is cost effective.

  Knowledge and use of effective evaluation methods increases the quality of implemented programs.

  - Development of a website for evidenced-based activities

Opportunities for Public/Private Partnership:

Effective tobacco prevention programs for youth are built upon solid foundations of best practices and evidence-based interventions. Organizations providing tobacco prevention, education, and control activities can join to provide high quality training and technical assistance to one another. Local and statewide organizations will be encouraged to partner with each other in technical assistance, training, information exchange, and evaluation methodologies.

The Nevada Tobacco Prevention and Education Program (NTPEP) will partner with Washoe and Clark County Health Districts and other community-based partners to create a database of youth tobacco prevention organizations and activities. Baseline data related to structure and organization, types of activities, numbers of participants, region/location, etc. will be collected for referral, cross-program linkages, and future surveillance and evaluation activities.

Roles/Responsibilities: Nevada Tobacco Prevention and Education Program will serve as lead agency and partner with local public health and community-based organizations to design data needs and collection tools. Fund for a Healthy Nevada staff will work in partnership with NTPEP and facilitate collaboration with their sub-grantees.

Resources: Nevada Tobacco Prevention and Education Program (Surveillance and Evaluation)

- A statewide partnership will promote and support local efforts to implement comprehensive marketing campaigns targeting youth. Earned media (i.e., news stories, public service announcements, news sponsorships), public service (PSA), and paid campaigns will be created and/or expanded to include targeted demographics, strategic positioning and use of effective marketing strategies.

Counter marketing

- Increase Counter Marketing To Youth Under Age 18

Campaigns will be expected to target pre-adolescent youth (ages 6-11), and adolescent youth (ages 12- 17). Given the limited resources for media campaigns, efforts will be directed at sustaining existing effective campaigns, particularly established campaigns in Clark County, and expanding coverage statewide. Integrate funding sources to maximize counter-marketing activities.

Basic Principles:

Local organizations and entities implementing counter-marketing campaigns are encouraged to incorporate the following key principles into the selection of a firm to develop and implement the campaign and the campaign itself:

- Marketing firms will have no association with the tobacco industry over a number of years.
- Marketing firm or sub-contractors will implement programs that have been proven to be successful through sound, effective evaluation methods in reaching a culturally diverse population, in addition to youth through age 24.
- A minimum level of billings to assure capacity will be required.
- Firm will have a capacity to design messages that are tested for effectiveness prior to implementation.
- The campaign will be a youth focused media campaign.
- The campaign will address issues of industry manipulation by the tobacco companies.
- The campaign will demonstrate active involvement by youth, not token involvement, in the campaign design.
- Firms should have the ability to incorporate youth prevention goals in campaigns.
- The campaign will use existing media material whenever appropriate.

Opportunities for Public/Private Partnerships:

An effective marketing and communications campaign needs to be reinforced throughout communities. Effective campaigns are coordinated efforts that include multiple partners. The Nevada Tobacco Prevention and Education Program will encourage local partners to coordinate counter-marketing campaigns within geographic regions with an anticipated outcome of statewide coverage. Sustaining and expanding existing effective campaigns are a priority over development of new campaigns.

- The Nevada Tobacco Prevention and Education Program (NTPEP) will partner with local public health authorities, community-based organizations, the Nevada Tobacco Prevention Coalition (NTPC), and local coalitions to coordinate counter-marketing activities. Organizations funded through NTPEP sub-grants, under the Local Grants Programs, for media campaigns are expected to demonstrate campaign coordination by participating in partnerships with other appropriate organizations funded within their geographic region.

School based prevalence

- Deliver school education messages regarding harm and disapproval of tobacco use to youth K-12
- Youth Risk Behavior Survey (YRBS)

Policy and regulatory action

- Distribute information and materials on developing, implementing, and evaluating evidenced-based youth tobacco prevention and control programs.

  Roles and Responsibilities: The Nevada Tobacco Prevention and Education Program will develop a system of information sharing and exchange. County public health programs and community-based organizations funded through NTPEP will be encouraged to participate in information exchange and to link together to enhance dissemination of evidence-based initiatives

  Resources: Nevada Tobacco Prevention and Education Program will fund and Fund for a Healthy Nevada will assist

- Identify and train technical assistance experts from state and local organizations on youth tobacco prevention and control programs. The technical assistance experts will provide consultation to community-based organizations and schools in developing, implementing, and evaluating evidence-based tobacco prevention programs.

  Roles and Responsibilities: Nevada Tobacco Prevention and Education Program to provide opportunities for training and technical assistance. Local and statewide organizations are to seek opportunities to participate in technical assistance activities and share expertise with other organizations.

  Resources: The Nevada Tobacco Prevention and Education Program and the Fund for a Healthy Nevada will provide support through sub-grants to include opportunities for participation in training offered within Nevada and at national conferences.

- 2005 Nevada Strategic Planning Meeting August 17, 2005
- 2005 National Tobacco Control Program October 17 – 20, 2005
- 2005 Nevada Strategic Planning Meeting: Cessation November 14, 2005
- 2005 Nevada Strategic Planning Meeting: Cessation December 15, 2005

OUTPUTS:

1. Completed activities to reduce and counteract pro-tobacco messages

2. Completed activities to disseminate anti-tobacco and pro-health messages

3. Completed activities to increase tobacco free policies and use of anti-tobacco curricula in schools

4. Completed activities to increase restrictions on tobacco sales to minors and to enforce those restrictions

5. Completed activities to increase excise tax

OUTCOMES:

Short-term Outcomes

6. Increased knowledge of improved anti-tobacco attitudes toward, and increased support for policies to reduce youth initiation

1.6.1 Level of confirmed awareness of anti-tobacco media messages

1.6.2 Level of receptivity to anti-tobacco media messages

1.6.3 Proportion of students who would ever wear or use something with a tobacco company name or picture

1.6.4 Level of support for policies, and enforcement of policies, to decrease young people's access to tobacco

- Engage the public and political leaders in activities promoting policy change to reduce tobacco use by youth.

  Target Population:

  Target public and political leaders who influence policy decisions regarding tobacco use by youth including youth access to tobacco products. Priority for activities will be to develop and disseminate policy analysis to identify opportunities for implementation of new policies that promote prevention of tobacco use by youth.

  Basic Principles:

  As programs develop, it is important to incorporate the following basic principles:

  Nevada is a strong preemptive state (i.e., no local law can be established that is more restrictive than state law) and voluntary adoption of private policy will serve as a keystone to change until such time that preemption is repealed.

Grassroots efforts that promote adoption of public and private tobacco control policies are effective in school and community settings.

To achieve individual behavior change that supports nonuse of tobacco, communities must change the way tobacco is promoted, sold, and used while changing the knowledge, attitudes, and practices of young people, tobacco users, and nonusers. Effective policies are targeted and include all environments where youth are found, from home to school to entertainment venues to the workplace.

Local coalitions need to organize communities to debate the issues, establish local plans of action, and draw other leaders into tobacco control activities.

Local coalitions need to educate communities and leaders of the importance of strengthening policies that support nonuse.

Opportunities for Public/Private Partnership:

Effective policy initiatives include: engaging young people to plan and conduct community prevention and education events that focus on public policy impact; working with judges and retailers to develop education and diversion programs; conducting youth-led countywide assessments of tobacco advertising and developing plans to reduce tobacco sponsorship of public events; assessing existing policies in schools and communities and developing plans to strengthen policies promoting nonuse.

1.6.5 Level of support for increasing excise tax on tobacco products

1.6.6 Level of awareness among parents about the importance of discussing tobacco use with their children

- Focus groups for attitude change

7. Increased anti-tobacco policies and programs in schools

1.7.1 Proportion of schools or school districts reporting the implementation of 100% tobacco-free policies

- By 2010, 100% of Nevada school districts will implement tobacco free policies on campuses and at school events. Source: Youth Risk Behavior Survey; Baseline: 0%, 2001 (Healthy People 2010): Nevada / CDC Survey – 2005; 23%.

- Increase number of schools, day care centers, colleges, technical schools and universities with smoke-free campuses and smoke-free school sponsored events.

    - 2003 Legislature repealed preemption for school districts, 3 or 17 school districts have stronger policies than the state.

- 2005 Legislature passed clean indoor air initiative for day care centers with more than five children and video arcades with more than 10 games

Roles/Responsibilities: The Nevada Tobacco Prevention and Education Program (NTPEP) will partner with local public health authorities, community-based organizations, the Nevada Tobacco Prevention Coalition (NTPC), and local coalitions to develop and distribute model policies. Organizations will be encouraged to provide technical assistance to businesses and services seeking to implement smoke-free environments

Resources: Nevada Tobacco Prevention and Education Program sub-grants; Fund for a Healthy Nevada sub-grants; other sources obtained by local entities, i.e. American Legacy Fund, Robert Wood Johnson Fund, etc

1.7.2 Proportion of schools or school districts that provide instruction on tobacco-use prevention that meets CDC guidelines

- Increase participation in school and community based activities by organizations and individuals serving and/or influencing youth to prevent youth tobacco use.

  Target Population:

  School-based and/or community-based programs will be expected to target youth, ages 5-18, both those who attend school and those who do not. Priority for activities will be to strengthen and enhance existing effective programs targeting youth.

  Basic Principles:

  As programs develop, it is important to incorporate the following basic principles:

  Youth, both smokers and non-smokers, should play a key role in developing and implementing programs to reach all youth, including youth with tobacco related disparities.

  Age appropriate programs should be available for the entire age range of school-aged youth, 5-18 years.

  Program materials used should be culturally appropriate.

  Youth activities should be linked to activities/programs developed by communities.

  Evidenced-based programs such as Life Skills: Life Skills curriculum should be used consistently in grades K-12.

  Opportunities for Public/Private Partnership:

Linkages to community-wide programs involving parents and community organizations enhance effective tobacco prevention programs for youth. It would be very appropriate for youth activities to be coordinated with and linked to programs developed through community partnerships. Local organizations will be encouraged to partner with existing activities within communities with a goal to expand effective programs to reach youth statewide including underserved populations.

1.7.3 Proportion of schools or school districts that provide tobacco-use prevention education in grades K–12

- Teens Against Tobacco Use (TATU) – Conduct statewide school district level survey on content of anti-tobacco curriculum or coursework
- Life Skills is an evidenced-based program that should be implemented in all grades K-12

1.7.4 Proportion of schools or school districts that provide program-specific training for teachers

- Use of standardized pre/post test

1.7.6 Proportion of schools or school districts that support cessation interventions for students and staff who use tobacco

- Increase High School youth quit attempts and intention to quit
- Increase cessation programs available to youth

1.7.8 Proportion of students who participate in tobacco-use prevention activities

- Strengthen existing youth coalitions and expand capacity to include youth and communities statewide. Existing youth coalitions will create new partnerships and, where appropriate, link to school and community based programs.

  Roles/Responsibilities: The Nevada Tobacco Prevention and Education Program through sub-grants will continue to support local youth coalition development. Existing coalitions and supporting agencies will be encouraged to expand capacity and program activities to increase participation.

  Resources: Nevada Tobacco Prevention and Education Program sub-grants; Fund for a Healthy Nevada sub-grants; other sources obtained by local entities, i.e. American Legacy Fund, Robert Wood Johnson Fund, etc.

1.7.9 Level of reported exposure to school-based tobacco-use prevention curricula that meet CDC guidelines

- Highlight direct strategies to school boards and districts and employees to specifically lower availability and lower tobacco use opportunities.
- Use evidenced-based curriculum in grades K-12

1.7.10 Perceived compliance with tobacco-free policies in schools

1.7.11 Proportion of schools or school districts with policies that regulate display of tobacco industry promotional items

8. Increased restriction and enforcement of restrictions on tobacco sales to minors

1.8.1 Proportion of jurisdictions with policies that ban tobacco vending machine sales in places accessible to young people

1.8.2 Proportion of jurisdictions with policies that require retail licenses to sell tobacco products

- Strengthen laws and policies on tobacco sales to minors.

1.8.3 Proportion of jurisdictions with policies that control the location, number, and density of retail outlets

1.8.4 Proportion of jurisdictions with policies that control self-service tobacco sales

1.8.5 Number of compliance checks conducted by enforcement agencies

1.8.6 Number of warnings, citations, and fines issued for infractions of public policies against young people's access to tobacco products

- Strengthen existing relationships between law enforcement and community partners to raise enforcement of existing laws or policies.

1.8.7 Changes in state tobacco control laws that preempt stronger local tobacco control laws

- Organize and promote ongoing and annual policy and education events, such as conferences, inviting state and local political and community decision makers regarding the positive impact of tax increases, youth access restrictions, clean air protections, and integrated school curricula on reducing initiation and use of tobacco products by youth.

  Roles/Responsibilities: Nevada Tobacco Prevention Coalition, in partnership with member organizations, plans and conducts statewide events. Local coalitions plan and

conduct local events. State and local public entities provide technical assistance on information and evaluation of existing and proposed policies. The Office of the Attorney General provides information regarding youth access compliance program and activities through participation in events. The Nevada Tobacco Prevention and Education Program will provide support to effective local coalitions to conduct information and education events.

Resources: Nonpublic funding organizations, private-sector member organizations' funds, and other appropriate sources as identified.

Strategic use of media (i.e. press releases, guest editorials, letter writing) to communicate needed policy change, effective policies, and promote reporter/editorial participation in events discussed under the previous activity.

Roles/Responsibilities: State and local coalitions produce strategic media items and recruit leaders to speak to the media regarding policy issues.

Resources: Private-sector member organizations' funds, and other appropriate sources as identified.

9. Reduce tobacco industry influences

1.9.1 Extent and type of retail tobacco advertising and promotions

1.9.2 Proportion of jurisdictions with policies that regulate the extent and type of retail tobacco advertising and promotions

- Lower opportunities for exposure to tobacco behaviors

1.9.3 Extent of tobacco advertising outside of stores

1.9.4 Proportion of jurisdictions with policies that regulate the extent of tobacco advertising outside of stores

1.9.5 Extent of tobacco industry sponsorship of public and private events

1.9.6 Proportion of jurisdictions with policies that regulate tobacco industry sponsorship of public events

1.9.7 Extent of tobacco advertising on school property, at school events, and near schools

1.9.8 Extent of tobacco advertising in print media

1.9.9 Amount and quality of news media stories about tobacco industry practices and political lobbying

1.9.10 Number and type of Master Settlement Agreement violations by tobacco companies

1.9.11 Extent of tobacco industry contributions to institutions and groups

1.9.12 Amount of tobacco industry campaign contributions to local and state politicians

Intermediate Outcomes

10. Reduced susceptibility to experimentation with tobacco products

1.10.1 Proportion of young people who think that smoking is cool and helps them fit in

1.10.2 Proportion of young people who think that young people who smoke have more friends

1.10.3 Proportion of young people who report that their parents have discussed not smoking with them

1.10.4 Proportion of parents who report that they have discussed not smoking with their children

1.10.5 Proportion of young people who are susceptible never-smokers

11. Decreased access to tobacco products

1.11.1 Proportion of successful attempts to purchase tobacco products by young people

- Youth Risk Behavior Survey (YRBS)

1.11.2 Proportion of young people reporting that they have been sold tobacco products by a retailer

- Youth Risk Behavior Survey (YRBS)

1.11.3 Proportion of young people reporting that they have been unsuccessful in purchasing tobacco products from a retailer

- By 2010, lower the successful purchase of tobacco products by youth (18 and under) to 10%. Source: Youth Risk Behavior Survey 2003 (Baseline High School 18.9%), Nevada Youth Risk Behavior Survey 2001 & 2003 (Baseline: High School 19.9% and Middle School 5.8%), 2001 Healthy People 2010 Objective 27-14 (Jurisdictions with a 5% illegal sales to minors: 21.14a States and DC - 1998 State Baseline = 0 & 2010 Goal = 51; 21.14b Territories - 1998 Territory Baseline = 0 & 2010 Goal = All)

1.11.4 Proportion of young people reporting that they have received tobacco products from a social source

1.11.5 Proportion of young people reporting that they purchased cigarettes from a vending machine

- In Nevada, no cigarette vending machines available where youth under 21 have access

12. Increase price of tobacco products

1.12.1 Amount of tobacco product excise tax

- Raise tobacco excise tax (raise price of cigarettes): 2001 - 35¢; 2003 - 80¢
- Significant increase in excise tax on tobacco products to $1.00 on each unit sold

Long-Term Outcomes

13. Reduced initiation of tobacco use by young people

1.13.1 Average age at which young people first smoked a whole cigarette

- By 2010, reduce initiation of tobacco use in young people before the age of 13 to 10%. Source: Youth Risk Behavior Survey 2003 (Baseline High School 18.3%), Nevada Youth Risk Behavior Survey 2001 & 2003 (Baseline: High School 18.8% and Middle School 16.4%), 2001 Healthy People 2010 Objective 27-4a (Baseline – Increase initiation age to 14)

1.13.2 Proportion of young people who report never having tried a cigarette

- Youth Risk Behavior Survey (YRBS)

14. Reduced tobacco use prevalence among young people

1.14.1 Prevalence of tobacco use among young people

- By 2010, reduce the percent of High School and Middle School youth reporting use of chewing tobacco, snuff, or dip on one or more of the previous 30 days to no more than 3.0% for High School and 2.0% for Middle School. Source: Youth Risk Behavior Survey 2003 (Baseline High School 6.7%), Nevada Youth Risk Behavior Survey 2003 (Baseline: High School 3.6% and Middle School 3.4%), 2001 Healthy People 2010 Objective 27-2c (Baseline High School 1.0%)

1.14.2 Proportion of established young smokers

- By 2010, decrease the percent of High School and Middle School youth reporting smoking cigarettes on one or more of the previous 30 days to no more than 14.5% for High School and 9.0% for Middle School. Source: Youth Risk Behavior Survey 2003 (Baseline High School 21.9%), Nevada Youth Risk Behavior Survey 2003 (Baseline: High School 19.6% and Middle School 10.4%), 2001 Healthy People 2010 Objective 27-2b (Baseline High School 16.0%)

15. Reduce tobacco related morbidity and mortality

- Hospital discharge data and death certificate data

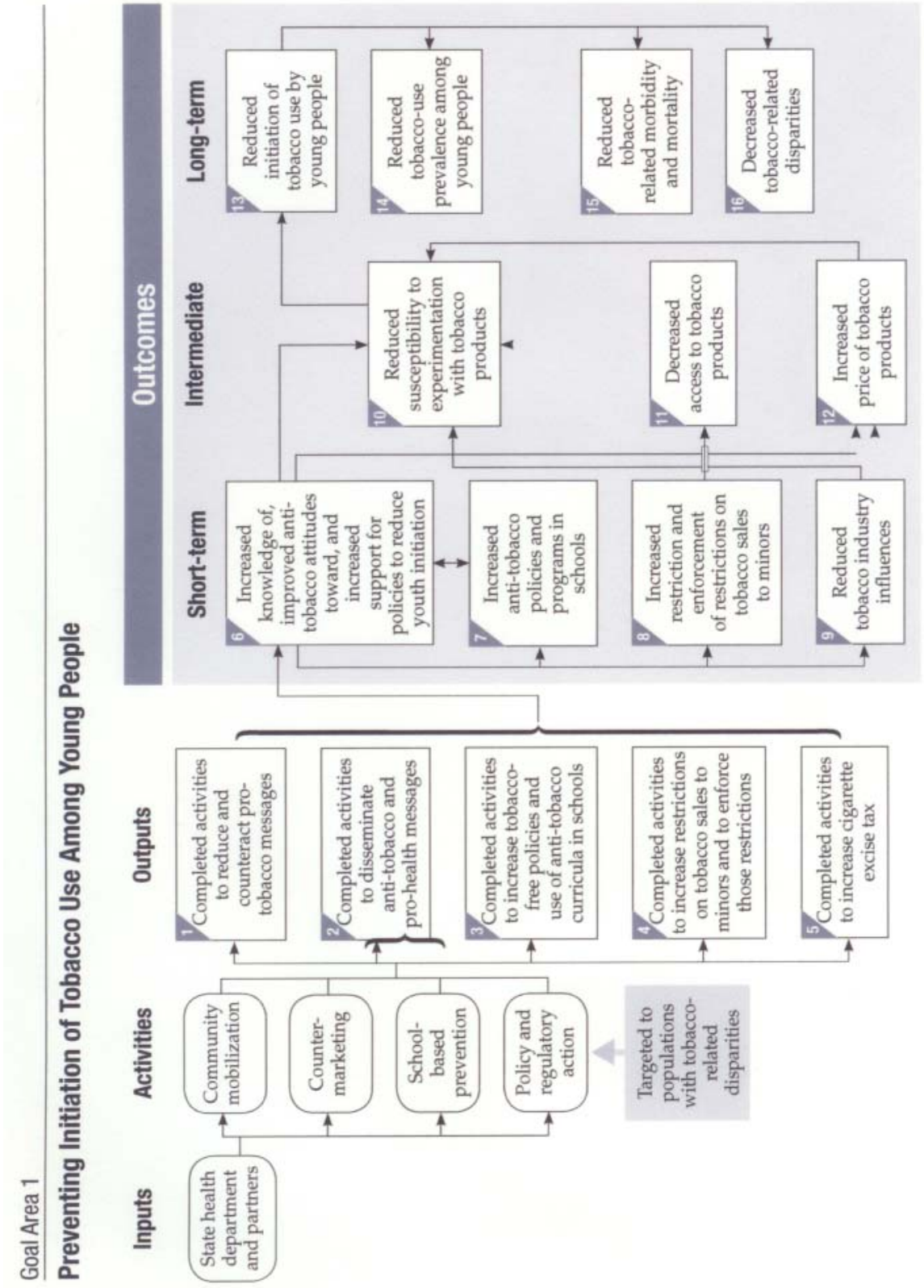
16. Decrease tobacco related disparities

1.16.1. Identify and monitor smoking prevalence rates among specific populations

1.16.2. Lower early initiation use in high risk/specific populations (tribal youth, mental health clients, low socioeconomic status (low income), minority/ethnic populations)

1.16.3. By 2010, decrease the percent of high school Gay, Lesbian, Bi-sexual, and Trans-gendered youth reporting smoking cigarettes on one or more of the previous 30 days to no more than 15.0%. Source: Youth Risk Behavior Survey (Baseline - 25.0%), 2001 Healthy People 2010 Objective 27-2b (Baseline – 35.0%, Target – 16%)

Key Outcome Indicators: Goal Area 1



Goal 2:

Eliminate Nonsmokers' Exposure to Second Hand Smoke

Goal 2: Eliminate Nonsmokers' Exposure to Second Hand Smoke

(Logic Model Template for Goal 2 is located on page 34)

INPUTS:

Nevada State Health Division and partners

ACTIVITIES:

Counter marketing

- Public education, including public relations, grassroots marketing, and media advocacy at State and Local levels, to increase awareness of second hand smoke (SHS) as a health threat
- Mass media messages regarding the dangers of second hand smoke (SHS)

Community mobilization

- Clean Indoor Air Act
- American Heart Association
- American Cancer Society
- American Lung Association
- Nevada Medical Society
- Change the cultural acceptance of second hand smoke (SHS) through training, public agency modeling, education on how to address public smoking, and addressing the fact there is no "right to smoke"

Policy and regulatory action

- Clean Indoor Air Act November 2006 Ballot Initiative
- Promote the removal of state preemption on smoke free bans with exemptions for casino floors and stand alone bars with no kitchen facilities

OUTPUTS:

1. Completed activities to disseminate information about second hand smoke and tobacco-free policies

2. Completed activities to create and enforce tobacco-free policies

OUTCOMES:

Short-term Outcomes

3. Increased knowledge of, improved attitudes toward, and increased support for the creation and active enforcement of tobacco-free policies

2.3.1 Level of confirmed awareness of media messages on the dangers of second hand smoke

- Conduct town hall meetings statewide on the harmful effects of second hand smoke, economic impact, and effective model laws and policies that will prohibit or restrict smoking. Town hall meetings would be promoted by using earned and paid media. This is a developmental activity. Project partners must provide evidence of an effectively evaluated model program from another state or local entity in order to received continued support for this activity from the Nevada State Tobacco Prevention and Education Program and the Fund for a Healthy Nevada.

  Role/Responsibilities: Nevada Tobacco Prevention Coalition and member organizations with local coalitions are lead partners in this activity. The Nevada Tobacco Prevention and Education Program may be able to support this activity as an educational forum, after presented with evidence from evaluated model programs that this is an effective intervention.

  Resources: Non-governmental sources of funding and possibly Nevada Tobacco Prevention and Education Program sub-grants.

- Educate the public, including community leaders, about the harmful effects of second hand smoke.

  Target Populations:
  All Nevadans, especially parents and non-smoking Nevadans, policy and opinion makers, employers, employees and employee associations.

  Basic Principles:

  As programs develop, it is important to incorporate the following principles:

  - Passive smoking is the third leading preventable cause of death; for every eight smokers deaths due to smoking, one non-smoker will also die from exposure to second hand smoke (Glantz, S. & Parmley, W., AHA Circulation, 1991;83:1-12).

- Children are particularly sensitive to the harmful effects of environmental tobacco smoke. Interventions to restrict environmental tobacco smoke should focus strongly on environments where children are present and involve parents in effecting change.
- Interventions should include multiple approaches to reach all segments of target populations, including the use of Spanish-language media to reach Nevada's growing Spanish-speaking population.
- Implemented programs should use evidenced-based campaigns and interventions that are appropriately evaluated for use to Nevada's target populations.

Opportunities for Public/Private Partnerships:

An effective marketing and communications campaign needs to be reinforced throughout communities. Effective campaigns are coordinated efforts that include multiple partners. Local public health agencies and local coalitions are situated to effect local change. The Nevada Tobacco Prevention and Education Program will encourage local partners to coordinate counter-marketing campaigns within geographic regions with an anticipated outcome of statewide coverage. Sustaining and expanding existing effective campaigns are a priority over development of new campaigns.

2.3.2 Level of receptivity to media messages about second hand smoke

- Adult Tobacco Survey

2.3.3 Attitudes of smokers and nonsmokers about the acceptability of exposing others to second hand smoke

- Adult Tobacco Survey
- Make smoking culturally unacceptable
- Increased knowledge of, improved attitudes toward, and increased support for the creation of tobacco-free policies.

2.3.4 Proportion of the population willing to ask someone not to smoke in their presence

- Need data source contracts

2.3.5 Proportion of the population that thinks second hand smoke is harmful

- Need data source contracts

2.3.6 Proportion of the population that thinks second hand smoke is harmful to children and pregnant women

- Develop media campaigns that educate communities on the dangers of second hand smoke exposure, particularly to children, pregnant women, seniors, and people with respiratory disease.

Roles/Responsibilities: The Nevada Tobacco Prevention and Education Program (NTPEP) will partner with local public health authorities, community-based organizations, the Nevada Tobacco Prevention Coalition (NTPC), and local coalitions to coordinate counter-marketing activities. Organizations funded through NTPEP sub-grants, under the Local Grants Programs, for media campaigns are expected to demonstrate campaign coordination by participating in partnerships with other appropriate organizations funded within their geographic region

Resources: Nevada Tobacco Prevention and Education Program sub-grants; Fund for a Healthy Nevada sub-grants; other sources obtained by local entities, i.e. American Legacy Fund, Robert Wood Johnson Fund, etc.

2.3.7 Level of support for creating tobacco-free policies in public places and workplaces

- Increase number of voluntary tobacco free worksites in Nevada.

2.3.8 Level of support for adopting tobacco-free policies in homes and vehicles

- By 2010, the percent of adults who have established smoke-free bans inside their homes and cars will increase from a baseline of 67.7% to 70% (homes) and 61.7% to 65% (cars).

2.3.9 Level of support for active enforcement of tobacco-free public policies

4. Creation of tobacco-free policies

2.4.1 Proportion of jurisdictions with public policies for tobacco-free workplaces and other indoor and outdoor public places

- Establish stronger tobacco control laws.
- Repeal preemption
- Clean Indoor Air Initiative passes 11/06

2.42 Proportion of workplaces with voluntary tobacco-free policies

- Increase the number of non-smoking workplaces and services in Nevada, including restaurants and other businesses frequented by the public, through the voluntary adoption of smoke-free policies.

  Roles/Responsibilities: The Nevada Tobacco Prevention and Education Program (NTPEP) will partner with local public health authorities, community-based organizations, the Nevada Tobacco Prevention Coalition (NTPC), and local coalitions to develop and distribute model policies. Organizations will be encouraged to provide technical assistance to businesses and services seeking to implement smoke-free environments

Resources: Nevada Tobacco Prevention and Education Program sub-grants; Fund for a Healthy Nevada sub-grants; other sources obtained by local entities, i.e. American Legacy Fund, Robert Wood Johnson Fund, etc

2.43 Proportion of the population that works in environments with tobacco-free policies

- Reduce the proportion of nonsmokers exposed to second hand smoke on worksites, and in public facilities and venues to 35%. Source: 2001 Healthy People 2010 Objective 27-10 (Baseline – 65% Target – 45%)

2.44 Proportion of the population reporting voluntary tobacco-free home or vehicle policies

- Reduce the proportion of children who are regularly exposed to tobacco smoke at home to 10%. Source: National Health Interview Survey (NHIS). Baseline: 27% of children aged 6 and under nationally in 1994, 2001 Healthy People 2010 Objective 27-9 (Baseline – 27% Target – 10%)

2.45 Proportion of schools or school districts reporting the implementation of 100% tobacco-free policies

- By 2010, increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events to 100%. Source: 2001 Healthy People 2010 Objective 27-11 (Baseline (Middle, Junior, & Senior High Schools) – 37% Target – 100%)

2.46 Changes in state tobacco control laws that preempt stronger local tobacco control laws

- Develop and implement campaigns to influence legislation on second hand smoke exposure.

  Role/Responsibilities: Nevada Tobacco Prevention Coalition and member organizations with local coalitions are lead partners in this activity.

  Resources: Non-governmental sources of funding.

- Clean Indoor Air Act Initiative 1 on November 2006 ballot

- Eliminate state laws that preempt stronger tobacco control laws. Source: Nevada Revised Statutes, State Tobacco Activities Tracking and Evaluation System of CDC. Baseline: Nevada was among 30 states with preemptive laws in 1998, 2001 Healthy People 2010 Objective 27-19 (Baseline – 30 States, Target – 0 States).
- Eliminate state laws that preempt stronger tobacco control laws and promote the positive health and economic impact of laws and policies that restrict smoking.
    - Clean Indoor Air Act on 11/06 ballot

Target Populations:

The voting public, state and local elected officials.

Basic Principles:

- Local grassroots coalitions and actions are the most effective tool for effecting public policy change.
- Multiple approaches should be utilized to generate support and identify the need for eliminating preemptive state law.
- Efforts to change state law should be constituency-centered and statewide and local coalitions should be leading partners in these efforts.
- Local public officials can influence the framing of second hand smoke issues and be supportive within the limits of their authority and funding sources by providing education and information about the impact of second hand smoke.

Opportunities for Public/Private Partnerships:

State and local coalitions and grassroots organizations are in the best position to influence legislation. Public agencies can partner with coalitions to provide information, surveillance data, and model policies.

5. Enforcement of tobacco-free public policies

2.5.1 Number of compliance checks conducted by enforcement agencies

- Attorney General's Office - Synar

2.5.2 Number of enforcement agency responses to complaints regarding noncompliance with tobacco-free public policies

- Increase the technical knowledge and competency of officials that may be placed in an enforcement role by offering scholarships/travel expenses to assistant city attorneys, deputy district attorneys, and other officials to attend trainings on positive effects of reducing environmental tobacco exposure (specifically the Northeastern School of Law training).

  Roles and Responsibilities: The Nevada Tobacco Prevention Coalition, local coalitions, and local organizations can facilitate cooperative efforts with enforcement agencies such as the Nevada Office of the Attorney General.

  Resources: Appropriate funding sources may include Robert Wood Johnson Smokeless States grant, Attorney General's office, businesses' contributions, non-profit funding, the Nevada Tobacco Prevention and Education Program sub-grants, and the Trust Fund for Public Health.

2.5.3 Number of warnings, citations, and fines issued for infractions of tobacco-free public policies

- Increase enforcement of federal and state second hand smoke laws and regulations, and corporate voluntary policies.

  Target Populations:

  The general public, policy-makers, employers, employees, employee associations

  Basic Principles:

  - Voluntary adoption of smoking restrictions should be encouraged.
  - Support by public officials, employers, and employees are essential for successful implementation of existing restrictions in schools, day care centers, workplaces, and public places.
  - Any restrictions on exposure to second hand smoke should be preceded by in-depth education activities aimed at the general public, policy and opinion makers, employers, employees and organizations that represent them and the health care community.

  Opportunities for Public/Private Partnerships:

  Existing efforts at enforcement can be expanded through increased communication and cooperation by including key partners in these activities, such as the Attorney General's Office, business and employee associations, statewide and local coalitions, and public health authorities.

Intermediate Outcomes

6. Compliance with tobacco-free policies

2.6.1 Perceived compliance with tobacco-free policies in workplaces

2.6.2 Perceived compliance with tobacco-free policies in indoor and outdoor public places

2.6.3 Proportion of public places observed to be in compliance with tobacco-free policies

2.6.4 Perceived compliance with voluntary tobacco-free home or vehicle policies

2.6.5 Perceived compliance with tobacco-free policies in schools

Long-term Outcomes

7. Reduced exposure to second hand smoke

2.7.1 Proportion of the population reporting exposure to second hand smoke in the workplace

- BRFSS Second Hand Smoke (SHS) Module

2.7.2 Proportion of the population reporting exposure to second hand smoke in public places

2.7.3 Proportion of the population reporting exposure to second hand smoke at home or in vehicles

- Reduce the proportion of children and non-smokers in specific populations who are regularly exposed to second hand smoke.

2.7.4 Proportion of students reporting exposure to second hand smoke in schools

2.7.5 Proportion of nonsmokers reporting overall exposure to second hand smoke

8. Reduced tobacco consumption

2.8.1 Per capita consumption of tobacco products

- Department of Taxation

2.8.2 Average number of cigarettes smoked per day by smokers

2.8.3 Smoking prevalence

9. Reduce tobacco related morbidity and mortality

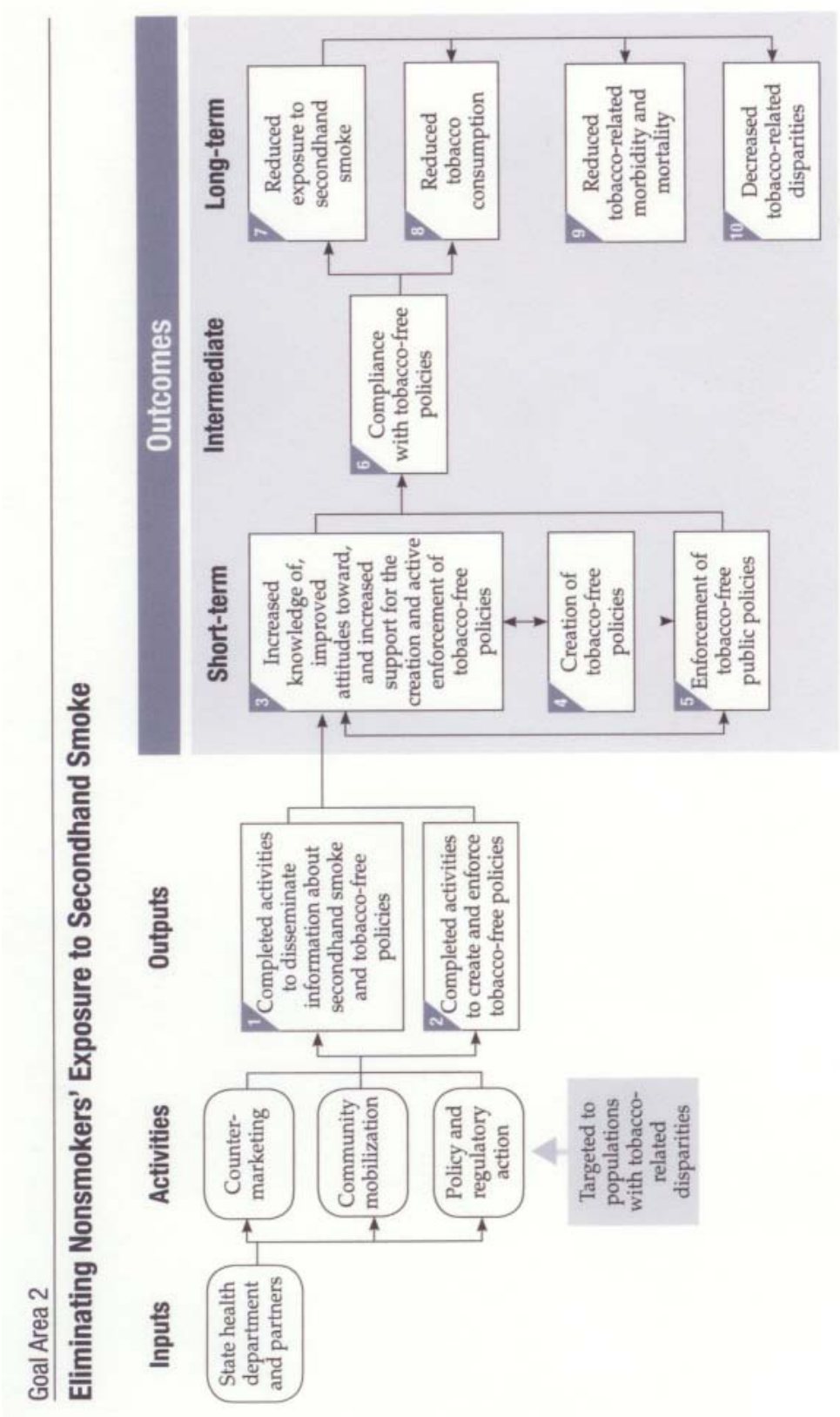
- Hospital and death certificate data

10. Decrease tobacco related disparities

2.10.1. Promote and improve community collaboration of identified specific populations as participants and supporters of lowering non-smokers exposure to environmental tobacco smoke.

2.10.2. Develop a culturally competent, culturally diverse media strategy (with an evaluation component) to educate and foster support for policy change.

Key Outcome Indicators: Goal Area 2



Goal 3:

Promote Quitting Among Adults and Young People

Goal 3: Promote Quitting Among Adults and Young People

(Logic Model Template for Goal 3 is located on page 48)

INPUTS:

Nevada State Health Division and partners

ACTIVITIES:

Counter marketing

- Minimize opponents for tobacco industry promotions
- Deliver mass media message about harm of tobacco use
- Deliver mass media messages about nicotine dependence treatment, Nevada Tobacco Users' Helpline, and availability of cessation services

Community mobilization

- Increase provider and client knowledge of nicotine dependence treatment, cessation services, and health insurance coverage
- Develop and increase availability of targeted and culturally appropriate cessation counseling programs reaching diverse populations

Policy and regulatory action

- Achieve statewide insurance coverage of cessation services and nicotine replacement treatment
- Adopt Clean Indoor Air Act in November of 2006

OUTPUTS:

1. Completed activities to disseminate information about cessation

2. Cessation quitline is operational

3. Completed activities to work with health care systems to institutionalize PHS-recommended cessation interventions

4. Completed activities to support cessation programs in communities, workplaces, and schools

5. Completed activities to increase insurance coverage for cessation interventions

6. Completed activities to increase tobacco excise tax

OUTCOMES:

Short-term Outcomes

7. Establishment or increased use of cessation services

3.7.1 Number of callers to telephone quitlines

- Nevada Tobacco Users' Helpline

3.7.2NR Number of calls to telephone quitlines from users who heard about the quitline through a media campaign

- Quitline intake forms

3.7.3 Number of calls to telephone quitlines from users who heard about the quitline through a source other than a media campaign

- Promote tobacco treatment programs and tobacco cessation services, particularly the Nevada Tobacco Users' Helpline, through media and information placement in fitness centers, wellness services, community and senior centers, and other non-health care locations.

  Roles and Responsibilities: Nevada Tobacco Users' Helpline should serve as a leading partner with state and local coalitions, health care professionals, and local public health organizations

Resources: Nevada Tobacco Prevention and Education Program sub-grants, Fund for a Healthy Nevada, Public Health Trust Fund, and other non-restricted or specific grants

3.7.4 Proportion of smokers who have used group cessation programs

3.7.5 Proportion of health care systems with telephone quitlines or contracts with state quitlines

- Nevada Tobacco Users' Helpline will work with health systems in Nevada to integrate Agency for Healthcare Research and Quality guidelines into routine patient/client care.

  Roles and Responsibilities: Nevada Tobacco Users' Helpline and the Nevada Tobacco Prevention Coalition and member organizations

  Resources: Nevada Tobacco Prevention Coalition and the Nevada Tobacco Users' Helpline to seek funding from pharmaceutical companies, provider organizations and associations, Fund for a Healthy Nevada

- Provide technical assistance to replicate evidenced-based tobacco cessation programs and strategies within communities. Identify and train technical experts to consult with communities about tobacco use cessation.

  Roles and Responsibilities: Nevada Tobacco Prevention and Education Program, Nevada Tobacco Users' Helpline to assist Nevada Tobacco Prevention Coalition, member organizations, and local coalitions to meet technical assistance needs

  Resources: Nevada Tobacco Prevention and Education Program, Fund for a Healthy Nevada, Public Health Trust Fund, and other non-restricted or specific grants

3.7.6 Proportion of worksites with a cessation program or a contract with a quitline

- A workplace initiative to prevent initiation of smoking by young people age 18-24 entering the workforce will be explored in partnership with employers' health benefits/risk management, labor organizations, and health insurers. This is a developmental activity. Project partners must provide evidence of an effectively evaluated model program from another state or local entity in order to receive continued support for this activity from the Nevada Tobacco Prevention and Education Program and approval from the Task Force for the Fund for a Healthy Nevada.

  Roles/Responsibilities: The American Cancer Society and other Nevada Tobacco Prevention Coalition member agencies that have existing workplace initiatives will explore development of a workplace initiative targeting 18-24 year olds.

  Resources: Existing resources received through Nevada Tobacco Prevention and Education Program sub-grants. Additional funding, from sources such as the Fund for a Healthy Nevada, will be sought if an initiative is found to be viable.

8. Increased awareness, knowledge, intention to quit, and support for policies that support cessation

3.8.1 Level of confirmed awareness of media campaign messages on the dangers of smoking and the benefits of cessation

- Raise awareness of and use of cessation services. Baseline to be established by Adult Tobacco Survey in 2005

- A statewide partnership will promote and support local efforts to implement comprehensive marketing campaigns targeting the 18-24 year old market. Earned, public service (PSA), and paid campaigns will be created and/or expanded to include targeted demographics, strategic positioning and use of effective marketing strategies.

  Roles/Responsibilities: The Nevada Tobacco Prevention and Education Program (NTPEP) will partner with local public health authorities, community-based organizations, the Nevada Tobacco Prevention Coalition (NTPC), and local coalitions to coordinate counter-marketing activities. Organizations funded through NTPEP sub-grants, under the Local Grants Programs, for media campaigns are expected to demonstrate campaign coordination by participating in partnerships with other appropriate organizations funded within their geographic region.

  Resources: Nevada Tobacco Prevention and Education Program sub-grants; Fund for a Healthy Nevada sub-grants (prior approval needed from Task Force for the Fund for a Healthy Nevada); other sources obtained by local entities, i.e. American Legacy Fund, Robert Wood Johnson Fund, etc

- Add tobacco use cessation resource information to all cessation media messages

3.8.2 Level of receptivity to anti-tobacco media messages on the dangers of smoking and the benefits of cessation

- Increase Counter Marketing To Young Adults Age 18-24.

  Target Populations:

  Campaigns will be expected to target young adults (ages 18-24). Given the limited resources for media campaigns, efforts will be directed at sustaining existing effective campaigns, particularly established campaigns in Clark County, and expanding coverage statewide.

  Basic Principles:

  Local organizations and entities implementing counter-marketing campaigns are encouraged to incorporate the following key principles into the selection of a firm to develop and implement the campaign and the campaign itself:

- Marketing firms will have no association with the tobacco industry over a number of years.
- Marketing firm or sub-contractors will implement programs that have been proven to be successful through sound, effective evaluation methods in reaching a culturally diverse population, in addition to youth 18 through age 24.
- A minimum level of billings to assure capacity will be required.
- Firm will have a capacity to design messages that are tested for effectiveness prior to implementation.
- The campaign will address issues of industry manipulation by the tobacco companies.
- The campaign will use existing media material whenever appropriate.

Opportunities for Public/Private Partnerships:

An effective marketing and communications campaign needs to be reinforced throughout communities. Effective campaigns are coordinated efforts that include multiple partners. The Nevada Tobacco Prevention and Education Program will encourage local partners to coordinate counter-marketing campaigns within geographic regions with an anticipated outcome of statewide coverage. Sustaining and expanding existing effective campaigns are a priority over development of new campaigns.

3.8.3 Proportion of smokers who intend to quit

3.8.4 Proportion of smokers who intend to quit smoking by using proven cessation methods

- Referral to Nevada Tobacco Users Helpline and to other evidenced-based cessation programs

3.8.5 Level of support for increasing excise tax on tobacco products

- Targeted media, earned and paid, to communities on issues related to the impact of excise taxes on youth and adult tobacco use.

  Roles and Responsibilities: The Nevada Tobacco Prevention Coalition, local coalitions, and private organizations are lead organizations in grass-roots advocacy.

  Resources: Non-governmental funds.

3.8.6 Proportion of smokers who are aware of the cessation services available to them

- Increase awareness, availability, and access to nicotine dependence treatment and tobacco use cessation resources.

  Target Populations:

  Nicotine dependence treatment programs and cessation services will be expected to target adult smokers and must be evidence and science-based

Basic Principles:

As programs develop, it is important to incorporate the following principles:

- Nicotine dependence treatment should be addressed as a normal course of all clinical medical and dental practice.
- Nicotine dependence treatment or cessation services should be integrated into non-medical settings such as health clubs, vocational schools, campuses, community and family resource centers, and senior centers.
- Nicotine dependence treatment or cessation services should be made available to rural and frontier communities, as well as urban communities.

Opportunities for Public/Private Partnerships:

To increase the availability and awareness of cessation services and nicotine dependence treatment programs, partnerships may be appropriate among the medical community, schools, adult education programs, community-based organizations, substance abuse treatment programs, wellness and fitness professionals, pharmaceutical companies, and others interested in promoting health.

3.8.7 Proportion of smokers who are aware of their insurance coverage for cessation treatment

- Nevada Tobacco Users' Hotline will take the lead in developing a list of insurance coverage information
- Nevada Tobacco Users' Hotline will develop partnerships with insurance providers

3.8.8 Level of support for increasing insurance coverage for cessation treatment

- Develop a baseline

9. Increase in the number of health care providers and health care systems following Public Health Service (PHS) guidelines

3.9.1 Proportion of health care providers and health care systems that have fully implemented the Public Health Service (PHS) guidelines

- Increase in the number of health care providers and health care systems following Public Health Service (PHS) guidelines.

- Raise training opportunities in nicotine dependence treatment for alcohol and drug counselors.

- Raise the number of alcohol and drug counselors who are trained and certified in nicotine dependence treatment

3.9.2 Proportion of adults who have been asked by a health care professional about smoking

- Integrate promotion of nicotine dependence treatment and cessation services with other program services (i.e., Women, Infants, and Children, Family Planning.)

3.9.3 Proportion of smokers who have been advised to quit smoking by a health care professional

- Raise percentage of tobacco users who were advised to stop smoking by a health care professional in the past year

- Encourage substance abuse treatment centers to treat nicotine dependence simultaneously with the treatment of other substance dependencies.

  Roles and Responsibilities: Nevada State Health Division's Bureau of Alcohol and Drug Abuse as a lead agency in funding treatment centers and assuring the use of current clinical and treatment guidelines that address nicotine dependence and tobacco use cessation as an integral part of treatment.

  Resources: Nevada State Health Division's Bureau of Alcohol and Drug Abuse, Fund for a Healthy Nevada, health insurance organizations, medical and treatment professional organizations, and pharmaceutical companies.

3.9.5 Proportion of smokers who have been assisted in quitting smoking by a health care professional

- Identify referral organizations where physicians and others can refer people who need additional assistance to quit.

  Roles and Responsibilities: Nevada Tobacco Users' Helpline and the Nevada Tobacco Prevention Coalition's Cessation Workgroup as lead partners
  Resources: Nevada Tobacco Prevention and Education Program for printing and distribution

3.9.6 Proportion of smokers for whom a health care professional has arranged for follow-up contact regarding a quit attempt

- Raise percentage of tobacco users who were provided with a referral to a cessation or nicotine dependence treatment in the past year.

- Integrate Tobacco Dependence Referral and Treatment Interventions into Routine Health and Dental Care.

Target Populations:

Target adults currently smoking that interact with the health care system.
Basic Principles:

As the program begins to develop, it is important to incorporate the following basic principles:

- Current Agency for Healthcare Research and Quality clinical guidelines advise health care practitioners to address tobacco use for all patients.
- Effective evidence-based programs involving health care providers center on provider reminder systems along with patient education.
- Implemented interventions must be evidence-based models that have been effectively evaluated to be successful in targeted populations.

Opportunities for Public/Private Partnerships:

Nicotine dependence treatment and tobacco use cessation programs can partner with health systems, insurance providers, managed care organizations, individual health care providers, and others to integrate tobacco dependence referral and treatment into routine health care.

3.9.7 Proportion of pregnant women who report that a health care professional advised them to quit smoking during a prenatal visit

- Expand Tobacco Free Babies work with obstetricians

3.9.8 Proportion of health care systems that have provider-reminder systems in place

10. Increased insurance coverage for cessation services

3.10.1 Proportion of insurance purchasers and payers that reimburse for tobacco cessation services

- Nevada Tobacco Prevention Coalition and the Nevada Tobacco Users' Helpline will seek ways to encourage health care insurers and managed care organizations to provide coverage for pharmacotherapy to facilitate nicotine dependence treatment

  Roles and Responsibilities: Nevada Tobacco Prevention Coalition and member organizations as lead partners

  Resources: New funding sought by participating partners

- Raise insurance coverage for nicotine dependence treatment and medications.

- Mandate Managed Care Organizations to cover nicotine dependence treatment, smoking cessation service for adult and dependents.

- Raise reimbursement for nicotine dependence treatment and cessation services.

Intermediate Outcomes

11. Increased number of quit attempts and quit attempts using proven cessation methods

3.11.1 Proportion of adult smokers who have made a quit attempt

- By 2010, increase the percent of adult smokers who stopped smoking one day or longer because of an attempt to quit to 62%. Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS), Baseline – Former smokers 24.4%, 2001 Healthy People 2010 Objective 27-5 (Baseline – Increase smoking cessation attempts by adult smokers 41%, Target – 75%)

- Raise percentage of tobacco users who entered treatment in the past year.

3.11.2 Proportion of young smokers who have made a quit attempt

- Increase cessation resources for young smokers who want to quit

3.11.3 Proportion of adult and young smokers who have made a quit attempt using proven cessation methods

12. Increased price of tobacco products

3.12.1 Amount of tobacco product excise tax

- Increase Tobacco Excise Tax

  Target Populations:

  Increasing the tobacco excise tax drastically reduces prevalence rates and consumption and is most effective with young people, lower income populations, racial and ethnic minorities, and pregnant women. In addition, increasing taxes on chew tobacco reduces its use, particularly among young males.

  Basic Principles:

According to the Nevada Tobacco Prevention Coalition in 2002, the state and federal tax burden caused by tobacco related health care expenses cost Nevada residents $286 million per year.

- Research shows that increasing the tobacco excise tax would significantly decrease the $286 million dollars the government spends each year on tobacco related health care expenses in Nevada.
- Increasing the tobacco excise tax would help decrease the epidemic of tobacco related deaths and diseases in Nevada.

Opportunities for Public/Private Partnerships:

The Nevada Tobacco Prevention Coalition and local coalitions have the opportunity to partner with health care providers, insurance companies, and managed care organizations to educate the public and policy makers on the impact of tax increases on youth and adult tobacco use.

- Provide information regarding excise tax increases as needed during the next 5 years.

  Roles and Responsibilities: The Nevada Tobacco Prevention Coalition, local coalitions, and private organizations are lead organizations in grass-roots advocacy.

  Resources: Non-governmental funds.

- Provide information to policy-makers and elected officials on the importance of preserving Master Settlement Agreement funds for use in tobacco prevention, tobacco use cessation, and other health needs of Nevada residents.

  Roles and Responsibilities: The Nevada Tobacco Prevention Coalition, local coalitions, and private organizations are lead organizations in grass-roots advocacy.

  Resources: Non-governmental funds.

- By 2010, increase in excise tax on tobacco products to $1.00 on each unit sold

Long-term Outcomes

13. Increased cessation among adults and young people

3.13.1 Proportion of smokers who have sustained abstinence from tobacco use

- Evaluation of Nevada Tobacco Users' Helpline and other evidenced-based cessation services

14. Reduced tobacco-use prevalence and consumption

3.14.1 Smoking prevalence

- By 2010, decrease the percent of adults reporting current smoking of cigarettes to no more than 18%. Source: 2004 Nevada Behavioral Risk Factor Surveillance System (BRFSS), Baseline – 23.2%, 2001 Healthy People 2010 Objective 27-1a (Baseline – 24%, Target – 12%)

3.14.2 Prevalence of tobacco use during pregnancy

- By 2010, decrease by 5% the percent of pregnant women of each race/ethnicity that reported smoking during pregnancy. Source: Nevada Interactive Health Database Birth File, Baseline: All 11%, White 17%, Black 13%, American Indian/Alaskan Native 16%, Asian 6%, Hispanic 3%, 2001 Healthy People 2010 Objective 27-6 (Baseline – stopped smoking during pregnancy – 14%, Target – 30%)

3.14.3 Prevalence of postpartum tobacco use

3.14.4 Per capita consumption of tobacco products

- Lower percentage of adults, including 18 – 24 year olds, reporting use of smokeless tobacco on one or more of the past 30 days

15. Reduce tobacco related morbidity and mortality

- Hospital and death certificate data

16. Decrease tobacco related disparities

3.16.1. By 2010, decrease the percent of current adult smokers that are American Indian and Alaska Natives in Nevada to no more than 27%. Source: 2001 Nevada Behavioral Risk Factor Surveillance System (BRFSS): Baseline – 32.5%, 2001 Healthy People 2010 Objective 27-2b (Baseline – 35%, Target – 16%)

3.16.2. By 2010, decrease the percent of current adult smokers with less than a high school education to no more than 40%. Source: 2001 Nevada Behavioral Risk Factor Surveillance System (BRFSS): Baseline – less than high school education – 50%, 2001 Healthy People 2010 Objective 27-2b (Baseline – 35%, Target – 16%)

3.16.3. By 2010, decrease the percent of current adult smokers who are women earning less than $15,000 annual income to no more than 35%. Source: 2001 Nevada Behavioral Risk Factor Surveillance System (BRFSS): Baseline – women earning less than $15,000 – 44%, 2001 Healthy People 2010 Objective 27-2b (Baseline – 35%, Target – 16%)

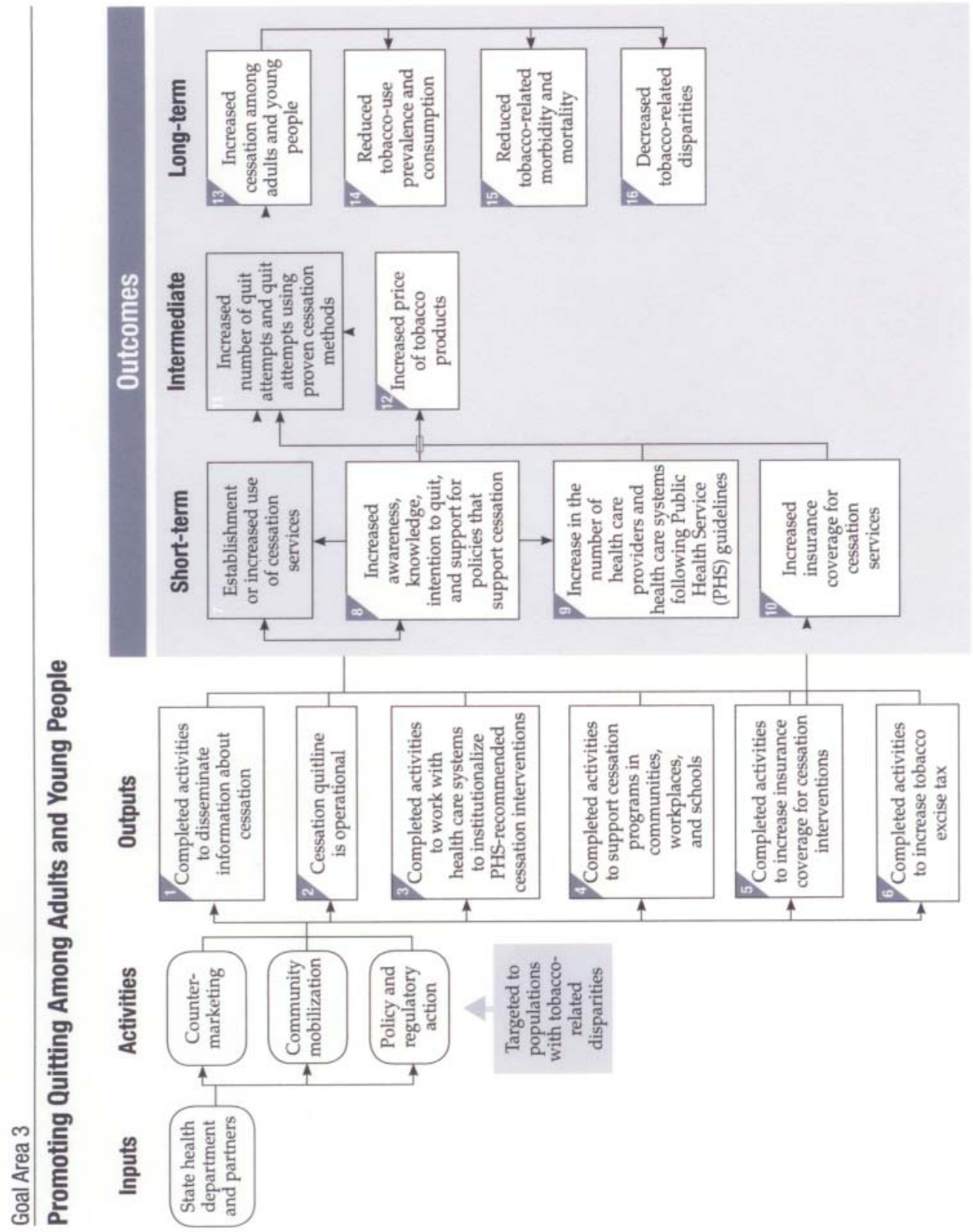
3.16.4. By 2010, decrease by 5% the percent of pregnant women of each race/ethnicity that reported smoking during pregnancy. Source: Nevada Interactive Health Database Birth File, Baseline: All 11%, White 17%, Black 13%, American Indian/Alaskan Native 16%, Asian 6%, Hispanic 3%, 2001 Healthy People 2010 Objective 27-6 (Baseline – stopped smoking during pregnancy – 14%, Target – 30%)

3.16.5. By 2010, decrease by 5% the percent of African-American women that are current smokers. Source: 2004 Nevada Behavioral Risk Factor Surveillance System (BRFSS), Baseline – Adult Smokers - 23.2%, 2001 Nevada Behavioral Risk Factor Surveillance System (BRFSS), Baseline – African-American women - 29.2%, 2001 Healthy People 2010 Objective 27-2b (Baseline – 35%, Target – 16%)

3.16.6. Provide outreach to specific populations to link them to appropriate nicotine dependence treatment and cessation services

3.16.7. Provide culturally appropriate evidence-based nicotine dependence treatment and cessation services, programs and materials.

Key Outcome Indicators: Goal Area 3



Goal 4:

Identify and Eliminate Tobacco Related Disparities

Goal 4: Identify and Eliminating Tobacco Related Disparities

(Logic Model Template for Goal 4 is located on page 57)

INPUTS:

1. Health departments and diverse national, state, tribal, and community partners

Counter marketing – Consistent themes and messages about tobacco control, and delivered using a high degree of cultural and community competence via public education

Community mobilization – Create and maintain inclusive networking opportunities (local, regional, and state meetings and coalitions) for local, regional, and community partners, grassroots organizations, and specific populations

- Expand information sharing among stakeholders using multiple methods (newsletters, conference calls, list serves, and websites)

ACTIVITIES:

2. Convene a diverse and inclusive group of stakeholders

4.2.1. Partner with organizations and groups working with defined diverse and specific populations to deliver effective evidence-based tobacco prevention interventions to include expansion of coalitions and establishment of new coalitions.

Roles and Responsibilities: The Nevada Tobacco Prevention and Education Program (NTPEP) through sub-grants will continue to support local coalition development. Existing coalitions and supporting agencies will be encouraged to expand capacity and program activities to increase participation. NTPEP will seek to establish new coalitions in specifically defined communities

Resources: Nevada Tobacco Prevention and Education Program sub-grants; Fund for a Healthy Nevada sub-grants; other sources obtained by local entities, i.e. American Legacy Fund, Robert Wood Johnson Fund, etc.

3. Access relevant data sources to identify tobacco related disparities

4.3.1. Distribute information and materials on developing and evaluating evidence-based tobacco prevention and control programs for diverse populations.

Roles and Responsibilities: The Nevada Tobacco Prevention and Education Program (NTPEP) will develop a system of information sharing and exchange. County public health programs and community-based organizations funded through NTPEP will be encouraged to participate in information exchange and to link together to enhance dissemination of evidence-based initiatives

Resources: Nevada Tobacco Prevention and Education Program funding

4. Identify gaps in available data and assess opportunities for expanded data collection

4.4.1. Increase knowledge and awareness in target populations of tobacco use in their communities and the marketing tactics used by the tobacco industry by involving representatives and organizations in state and local coalitions.

Target Population:

State and local coalitions will be expected to involve persons identifying with a particular racial, ethnic, geographic, and/or personal group. Specific communities will be selected for expanded coalition development targeting Native Americans.

Basic Principles:

As the program begins to develop, it is important to incorporate the following basic principles:

- Local, regional, and statewide coalitions will be identified and where needed, new ones will be developed. Coalitions can be based on geography and/or other self-identified affiliations such as race, ethnicity, age, or profession.
- Coalitions will be required to have diverse membership, including youth. Youth should be full members of coalitions and be involved in all aspects of the decision-making process and activities.
- Goals and objectives to be addressed by these coalitions should be specific and limited. Individual coalitions should not attempt to accomplish all goals and objectives. Acceptable activities will be defined and specified.
- Community-based coalitions should be linked to other cultural organizations and activities.
- Community-based coalitions will identify and implement programs that help to eliminate disparities related to tobacco use and its effects in specific populations.

Opportunities for Public/Private Partnerships:

Community partnerships should include members from local, regional and national organizations as well as members of the community. Some of the organizations that may be included are the following:

- Employers in the community;
- Local retailers, restaurant owners;
- College administrations;
- School administrations;
- Sport/entertainment industry;
- Health and professional organizations;
- Local public agencies, including local health departments;
- Non-profit and civic organizations;
- Cultural organizations;
- Faith communities;
- Trade unions; and,
- Youth groups

4.4.2. Identify and monitor smoking prevalence rates among specific populations

OUTPUTS:

5. Planning workgroup formed to develop strategies to identify and include diverse population in planning process

6. Data Sources Assessed

7. Capacity, infrastructure, and social capital assessed

8. Tobacco related disparities identified

4.8.1. By 2010, decrease the percent of current adult smokers that are American Indian and Alaska Natives in Nevada to no more than 27%. Source: 2001 Nevada Behavioral Risk Factor Surveillance System (BRFSS): Baseline – 32.5%, 2001 Healthy People 2010 Objective 27-2b (Baseline – 35%, Target – 16%)

4.8.2. By 2010, decrease the percent of current adult smokers with less than a high school education to no more than 40%. Source: 2001 Nevada Behavioral Risk Factor Surveillance System (BRFSS): Baseline – less than high school education – 50%, 2001 Healthy People 2010 Objective 27-2b (Baseline – 35%, Target – 16%)

4.8.3. By 2010, decrease the percent of current adult smokers who are women earning less than $15,000 annual income to no more than 35%. Source: 2001 Nevada Behavioral Risk Factor Surveillance System (BRFSS): Baseline – women earning less than $15,000 – 44%, 2001 Healthy People 2010 Objective 27-2b (Baseline – 35%, Target – 16%)

4.8.4. By 2010, decrease by 5% the percent of pregnant women of each race/ethnicity that reported smoking during pregnancy. Source: Nevada Interactive Health Database Birth File, Baseline: All 11%, White 17%, Black 13%, American Indian/Alaskan Native 16%, Asian 6%, Hispanic 3%, 2001 Healthy People 2010 Objective 27-6 (Baseline – stopped smoking during pregnancy – 14%, Target – 30%)

4.8.5. By 2010, decrease by 5% the percent of African-American women that are current smokers. Source: 2004 Nevada Behavioral Risk Factor Surveillance System (BRFSS), Baseline – Adult Smokers – 23.2%, 2001 Nevada Behavioral Risk Factor Surveillance System (BRFSS), Baseline – African-American women – 29.2%, 2001 Healthy People 2010 Objective 27-2b (Baseline – 35%, Target – 16%)

4.8.6. By 2010, decrease the percent of high school Gay, Lesbian, Bi-sexual, and Trans-gendered youth reporting smoking cigarettes on one or more of the previous 30 days to no more than 15.0%. Source: Youth Risk Behavior Survey (Baseline - 25.0%), 2001 Healthy People 2010 Objective 27-2b (Baseline – 35.0%, Target – 16%)

9. Qualitative and quantitative data needs identified

4.9.1. Define diverse and specific populations by their tobacco related health disparities through population-based data, community surveys, and collaborative investigation.

Roles/Responsibilities: The Nevada Tobacco Prevention and Education Program will work with local organizations and coalitions by providing available data and developing additional data resources

Resources: Nevada Tobacco Prevention and Education Program sub-grants and surveillance activities, Fund for a Healthy Nevada, American Legacy Funds, Robert Wood Johnson Fund

OUTCOMES:

Short-term Outcomes

10. Plan to address disparities

- Develop partnership to conduct strategic plan to address tobacco use in specific populations

Intermediate Outcomes

11. Stable funding stream needs to be identified for consistent sub-grants to identified populations

12. A more sensitive data collection system created

- Over sampling of specific populations similar to the BRFSS over sampling in the Native American populations in Nevada

13. Representative and equitable partnerships and practice in place within local, regional, and statewide coalitions

14. Capacity, infrastructure, and social capital developed for specific populations

4.14.1. Identify and train technical assistance experts from state and local organizations on tobacco prevention and control for diverse populations. The technical assistance experts will provide consultation to community-based organizations and schools in developing and evaluating evidenced-based tobacco prevention programs.

Roles and Responsibilities: Nevada Tobacco Prevention and Education Program to provide opportunities for training and technical assistance. Local and statewide organizations are to seek opportunities to participate in technical assistance activities and share expertise with other organizations

Resources: The Nevada Tobacco Prevention and Education Program will provide support through sub-grants to include opportunities for participation in training offered within Nevada and at national conferences

15. Appropriate and effective interventions will be developed

4.15.1. Provide outreach to specific populations to link them to appropriate services.

4.15.2. Provide culturally appropriate evidenced-based programs and materials.

4.15.3. Develop a culturally competent, culturally diverse media strategy (with an evaluation component) to educate and foster support for policy change.

Long-term Outcomes

16. Community norms supportive of tobacco use prevention and control efforts

4.16.1 Promote and improve community collaboration of identified specific populations as participants and supporters of lowering non-smokers exposure to environmental tobacco smoke.

4.16.2 Lower early initiation use in high risk/specific populations (tribal youth, mental health clients, low socioeconomic status (low income), minority/ethnic populations)

17. Dissemination and diffusion of interventions

4.17.1. Provide technical assistance to local and statewide partners for the wide use of evidence-based effective interventions promoting nonuse of tobacco products by target populations with tobacco related disparities.

Target Population:

Staff and volunteers for public health agencies, community-based organizations, and state or local coalitions. Priority for activities will be to provide information regarding the effectiveness of evidence-based interventions that are culturally competent and effective in specific populations.

Basic Principles:

As programs develop, it is important to incorporate the following basic principles:

- Implementation of effective programs will require a highly skilled and diverse tobacco prevention and education workforce.
- To assure programs are effective, evidence-based interventions that are effective with target populations must be used.
- Programs will incorporate effective evaluation methods to assess the quality of implemented programs.

Opportunities for Public/Private Partnership:

Effective tobacco prevention programs for target populations with tobacco related disparities are built upon solid foundations of best practices and evidence-based interventions. Organizations providing tobacco prevention, education, and control activities can join to provide high quality training and technical assistance to one another. Local and statewide organizations will be encouraged to partner with each other in technical assistance, training, information exchange, and evaluation methodologies.

18. Institutionalization and leveraging of resources

19. Ownership and substantive participation in tobacco use prevention and control by diverse organizations, tribes, and specific populations

20. Ongoing identification of tobacco related disparities through surveys and data collection

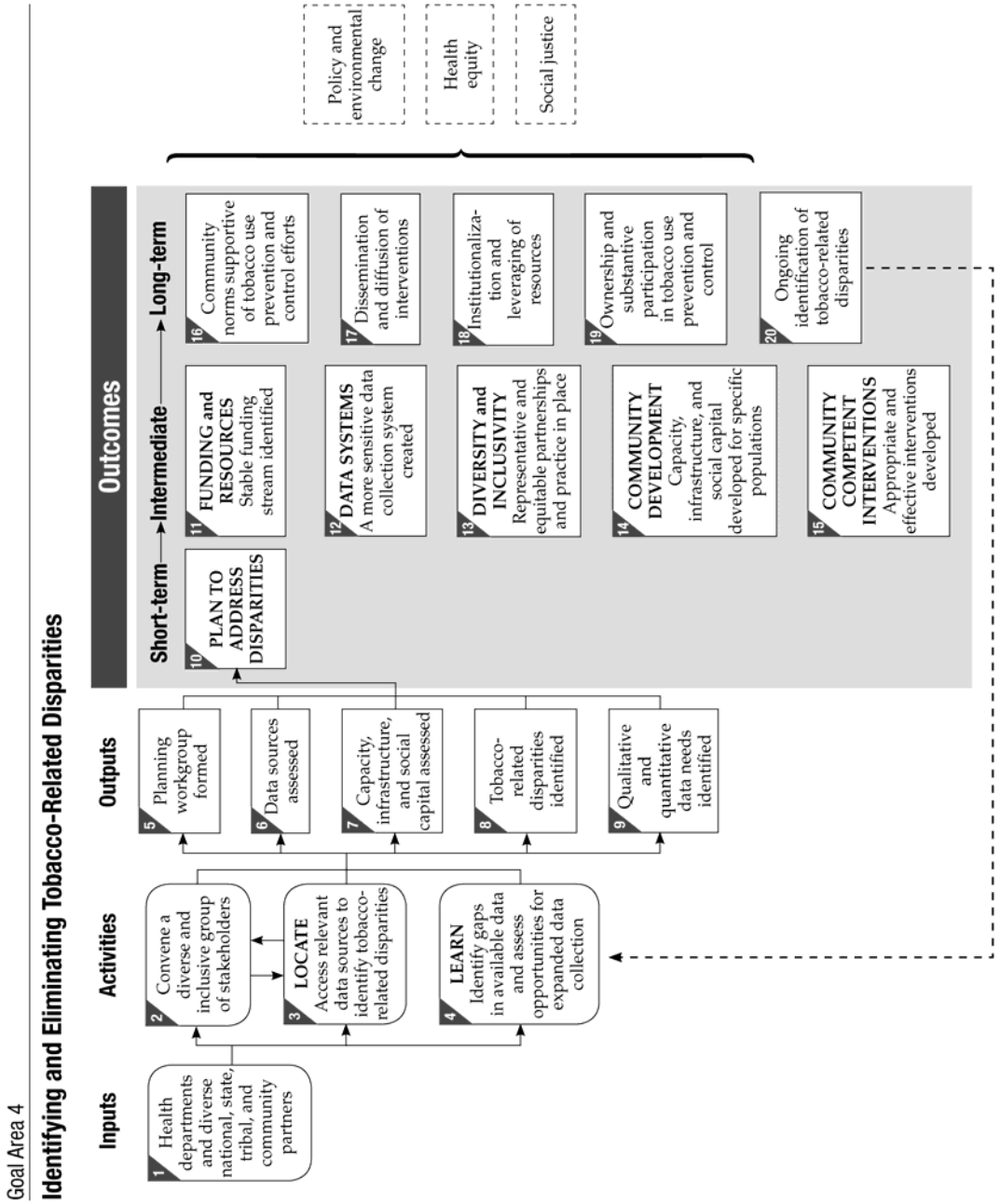
Policy and environmental change

- Clean Indoor Air Act – Ballot Initiative November 2006

Health equity

Social justice

Key Outcome Indicators: Goal Area 4



Appendix: A

Data Sources

Nevada Tobacco Prevention and Education Program

Five-year Strategic Plan Data Sources

Healthy People 2010:

27-1. Reduce tobacco use by adults

Target and baseline:

Objective	Reduction in Tobacco Use by Adults Aged 18 Years and Older	1998 Baseline*	2010 Target
		Percent	
27-1a.	Cigarette smoking	24.0	12.0
27-1b.	Spit tobacco	2.6	0.4
27-1c.	Cigars	2.5	1.2
27-1d.	Other products	Developmental	

*Age adjusted to the year 2000 standard population.

27-2. Reduce tobacco use by adolescents

Target and baseline:

Objective	Reduction in Tobacco Use by Students in Grades 9 Through 12	1999 Baseline	2010 Target
		Percent	
27-2a.	Tobacco products (past month)	40	21
27-2b.	Cigarettes (past month)	35	16
27-2c.	Spit tobacco (past month)	8	1
27-2d.	Cigars (past month)	18	8

27-3. (Developmental) Reduce the initiation of tobacco use among children and adolescents

Potential data source: National Household Survey on Drug Abuse (NHSDA), SAMHSA

27-4. Increase the average age of first use of tobacco products by adolescents and young adults

Target and baseline:

Objective	Increase in Average Age of First Tobacco Use	1997 Baseline	2010 Target
		Average Age of First Cigarette Use, in Years	
27-4a.	Adolescents aged 12 to 17 years	12	14
27-4b.	Young adults aged 18 to 25 years	15	17

27-5. Increase smoking cessation attempts by adult smokers

Target: 75 percent.

Baseline: 41 percent of adult smokers aged 18 years and older stopped smoking for 1 day or longer because they were trying to quit in 1998 (age adjusted to the year 2000 standard population).

Data source: National Health Interview Survey (NHIS), CDC, NCHS

27-6. Increase smoking cessation during pregnancy

Target: 30 percent.

Baseline: 14 percent of females aged 18 to 49 years stopped smoking during the first trimester of their pregnancy in 1998.

Data source: National Health Interview Survey (NHIS), CDC, NCHS

27-7. Increase tobacco use cessation attempts by adolescent smokers

Target: 84 percent.

Baseline: 76 percent of ever-daily smokers in grades 9 through 12 had tried to quit smoking in 1999.

Data source: Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP

27-8. Increase insurance coverage of evidence-based treatment for nicotine dependency

Target and baseline:

Objective	Increase in Insurance Coverage of Evidence-Based Treatment for Nicotine Dependency	1998 Baseline (unless noted)	2010 Target
		Percent	
27-8a.	Managed care organizations	75 (1997–98)	100
		Number	
27-8b.	Medicaid programs in States and the District of Columbia	24	51
27-8c.	All insurance	Developmental	

Target setting method: Total coverage of FDA-approved pharmacotherapies and behavioral therapies.

Data sources: Addressing Tobacco in Managed Care Survey, Robert Wood Johnson Foundation; (Medicaid data) Health Policy Tracking Service, National Conference of State Legislators

27-9. Reduce the proportion of children who are regularly exposed to tobacco smoke at home.

Target: 10 percent.

Baseline: 27 percent of children aged 6 years and under lived in a household where someone smoked inside the house at least 4 days per week in 1994.

Data source: National Health Interview Survey (NHIS), CDC, NCHS

27-10. Reduce the proportion of nonsmokers exposed to environmental tobacco smoke

Target: 45 percent.

Baseline: 65 percent of nonsmokers aged 4 years and older had a serum cotinine level above 0.10 ng/mL in 1988–94 (age adjusted to the year 2000 standard population).

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS

27-11. Increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events

Target: 100 percent.

Baseline: 37 percent of middle, junior high, and senior high schools were smoke-free and tobacco-free in 1994.

Target setting method: Retain year 2000 target.

Data source: School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP

27-12. Increase the proportion of worksites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas

Target: 100 percent.

Baseline: 79 percent of worksites with 50 or more employees had formal smoking policies that prohibited or limited smoking to separately ventilated areas in 1998–99.

Target setting method: Retain year 2000 target.

Data source: National Worksite Health Promotion Survey, Association for Worksite Health Promotion (AWHP)

27-13. Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in public places and worksites

Target and baseline:

Objective	Jurisdictions With Laws on Smoke-Free Air	1998 Baseline	2010 Target
		Number	
	States and the District of Columbia		
27-13a.	Private workplaces	1	51
27-13b.	Public workplaces	13	51
27-13c.	Restaurants	3	51
27-13d.	Public transportation	16	51
27-13e.	Day care centers	22	51
27-13f.	Retail stores	4	51
27-13g.	**Tribes**	Developmental	
27-13h.	**Territories**	Developmental	

Target setting method: Retain year 2000 target.

Data source: State Tobacco Activities Tracking and Evaluation System (STATE System), CDC, NCCDPHP, OSH

27-14. Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors

Target and baseline:

Objective	Jurisdictions With a 5 Percent or Less Illegal Sales Rate to Minors	1998 Baseline	2010 Target
		Number	
27-14a.	States and the District of Columbia	0	51
27-14b.	Territories	0	All

Target setting method: Based on published literature and expert opinion.

Data source: State Synar Enforcement Reporting, SAMHSA, CSAP

27-15. Increase the number of States and the District of Columbia that suspend or revoke State retail licenses for violations of laws prohibiting the sale of tobacco to minors

Target: All States and the District of Columbia

Baseline: 34 States with some form of retail licensure could suspend or revoke the license for violation of minors' access laws in 1998.

Target setting method: Total coverage

Data source: State Tobacco Activities Tracking and Evaluation System (STATE System), CDC, NCCDPHP, OSH

27-16. (Developmental) Eliminate tobacco advertising and promotions that influence adolescents and young adults

Potential data source: American Legacy Foundation and National Association of Attorneys General

27-17. Increase adolescents' disapproval of smoking

Target and baseline:

Objective	Increase in Adolescents' Disapproval of Smoking	1998 Baseline	2010 Target
		Percent	
27-17a.	8th grade	80	95
27-17b.	10th grade	75	95
27-17c.	12th grade	69	95

Target setting method: Retain year 2000 target.

Data source: Monitoring the Future Study (MTF), NIH, NIDA

27-18. (Developmental) Increase the number of Tribes, Territories, and States and the District of Columbia with comprehensive, evidence-based tobacco control programs

Potential data sources: State Tobacco Activities Tracking and Evaluation System (STATE System), CDC, NCCDPHP, OSH; IHS

27-19. Eliminate laws that preempt stronger tobacco control laws.

Target: Zero States

Baseline: 30 States had preemptive tobacco control laws in the areas of clean indoor air, minors' access laws, or marketing in 1998.

Target setting method: Retain year 2000 target

Data source: State Tobacco Activities Tracking and Evaluation System (STATE System), CDC, NCCDPHP, OSH

27-20. (Developmental) Reduce the toxicity of tobacco products by establishing a regulatory structure to monitor toxicity

Potential data source: FDA

27-21. Increase the average Federal and State tax on tobacco products

Target and baseline:

Objective	Increase in Combined Federal and Average State Tax	1998 Baseline	2010 Target
27-21a.	Cigarettes	$0.63*	$2
27-21b.	Spit tobacco	Developmental†	

*24 cent Federal tax; 38.9 cent average State tax in 1998.

†2.7 cent Federal tax in 1999; 7 States and the District of Columbia did not tax smokeless tobacco products in 1999.

Target setting method: Expert opinion; comparison to international tax rates

Data source: The Tax Burden on Tobacco, The Tobacco Institute

National BRFSS 1995, 2000, & 2004 for Nevada: Adults 18+

1995 BRFSS Questions	
On how many of the past 30 days did you smoke cigarettes (current smoker)?	%
None	1.1
1 -29 Days	9.7
30 Days	89.2

2000 BRFSS Questions	
2000 - Do you smoke cigarettes now?	%
Yes	29.0
No	71.0
On the average, about how many cigarettes a day do you now smoke (those who smoke every day)?	%
1 – 20	86.5
21 – 40	14.0
41 or More	0.5
On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day (those who don't smoke every day)?	%
1 -5	60.5
6 -10	23.7
11 – 15	7.6
16 – 20	3.1
21+	5.1

2000 BRFSS Questions	
During the past 12 months, have you quit smoking for 1 day or longer? (people who smoke every day)	%
Yes	43.4
No	56.6
About how long has it been since you last smoked cigarettes regularly, that is daily?	%
Never regular	3.9
0-1 mo	2.4
1-3 mo	2.2
3-6 mo	2.6
6-12 mo	3.9
1-5 yrs	17.0
5-15 yrs	28.1
15+ yrs	39.9
Have you ever used smokeless tobacco?	%
Yes	16.4
No	83.6
Do you currently use smokeless tobacco? (Of people who have ever used smokeless tobacco)	%
Yes	16.1
No	83.9

2004 BRFSS Questions	
Adults who are current smokers	%
Yes	23.2
No	76.7
Adults who are current smokers – by gender	%
Male - Yes	26.4
No	75.3
Female – Yes	21.7
No	78.2
Adults who are current smokers – by age	%
18-24 – Yes	25.5
No	74.4
25-34 – Yes	21.6
No	78.3
35-44 – Yes	27.8
No	72.1
45-54 – Yes	26.1
No	73.8
55-64 – Yes	22.2
No	77.7
65+ – Yes	14.5
No	85.4

2004 BRFSS Questions (cont.)	
Adults who are current smokers – by race	%
White – Yes	23.5
No	76.4
Black – Yes	N/A
No	N/A
Hispanic – Yes	21.7
No	78.2
Other – Yes	21.4
No	78.5
Multi-racial – Yes	25.2
No	74.7
Adults who are current smokers – by income	%
Less than $15,000 – Yes	33.0
No	69.9
$15,000 - 24,999 – Yes	23.7
No	76.2
$25,000 - 34,999 – Yes	23.8
No	76.1
$35,000 – 49,999 – Yes	26.7
No	73.2
$50,000+ – Yes	18.9
No	81.0

2004 BRFSS Questions (cont.)	
Adults who are current smokers – by education	%
Less than H.S. – Yes	33.9
No	66.0
H.S. or G.E.D. – Yes	26.4
No	73.5
Some post-H.S. – Yes	23.7
No	76.2
College graduate – Yes	13.7
No	86.2
Four Level Smoking Status	%
Smoke everyday	16.4
Smoke some days	6.7
Former smoker	24.4
Never smoked	52.3
Four Level Smoking Status – by gender	%
Male - Smoke everyday	17.1
Smoke some days	7.5
Former smoker	26.6
Never smoked	48.6

2004 BRFSS Questions (cont.)	
Four Level Smoking Status – by gender (cont.)	%
Female - Smoke everyday	15.7
Smoke some days	5.9
Former smoker	22.1
Never smoked	56.1
Four Level Smoking Status – by age	%
18-24 - Smoke everyday	14.3
Smoke some days	11.1
Former smoker	9.9
Never smoked	64.5
25-34 – Smoke everyday	11.4
Smoke some days	10.1
Former smoker	14.6
Never smoked	63.7
35-44 – Smoke everyday	21.6
Smoke some days	6.1
Former smoker	15.1
Never smoked	56.9
45-54 – Smoke everyday	19.6
Smoke some days	6.5
Former smoker	25.3
Never smoked	48.5

2004 BRFSS Questions (cont.)	
Four Level Smoking Status – by age (cont.)	%
55-64 - Smoke everyday	18.7
Smoke some days	3.5
Former smoker	40.4
Never smoked	37.3
65+ - Smoke everyday	11.6
Smoke some days	2.9
Former smoker	45.5
Never smoked	39.9
Four Level Smoking Status – by race	%
White - Smoke everyday	18.4
Smoke some days	5.0
Former smoker	29.5
Never smoked	46.9
Black - Smoke everyday	N/A
Smoke some days	8.1
Former smoker	13.9
Never smoked	N/A
Hispanic - Smoke everyday	10.8
Smoke some days	10.9
Former smoker	12.6
Never smoked	65.5

2004 BRFSS Questions (cont.)	
Four Level Smoking Status – by race (cont.)	%
Other – Smoke everyday	16.6
Smoke some days	4.8
Former smoker	15.6
Never smoked	N/A
Multi-racial – Smoke everyday	16.3
Smoke some days	8.9
Former smoker	26.8
Never smoked	47.8
Four Level Smoking Status – by income	%
Less than $15,000 – Smoke everyday	22.5
Smoke some days	10.5
Former smoker	22.7
Never smoked	44.1
$15,000 - 24,999 – Smoke everyday	13.3
Smoke some days	10.4
Former smoker	21.3
Never smoked	54.8
$25,000 - 34,999 – Smoke everyday	17.6
Smoke some days	6.2
Former smoker	27.0
Never smoked	49.0

2004 BRFSS Questions	
Four Level Smoking Status – by income (cont.)	%
$35,000 – 49,999 – Smoke everyday	21.7
Smoke some days	4.9
Former smoker	25.2
Never smoked	47.9
$50,000+ – Smoke everyday	13.8
Smoke some days	5.0
Former smoker	25.2
Never smoked	55.8
Four Level Smoking Status – by education	%
Less than H.S. – Smoke everyday	20.1
Smoke some days	13.8
Former smoker	18.1
Never smoked	47.8
H.S. or G.E.D. – Smoke everyday	20.3
Smoke some days	6.1
Former smoker	25.7
Never smoked	47.8
Some post-H.S. – Smoke everyday	17.2
Smoke some days	6.5
Former smoker	26.8
Never smoked	49.3

2004 BRFSS Questions (cont.)	
Four Level Smoking Status – by education (cont.)	%
College graduate – Smoke everyday	9.5
Smoke some days	4.1
Former smoker	23.3
Never smoked	62.8

National YRBS 2003:

Tobacco Use						
Question	2003 Nevada Results		2003 United States Results		Change Over Time	
	Percent	95% Confidence Interval	Percent	95% Confidence Interval	P-Value**	Direction of Change***
Percentage of students who ever tried cigarette smoking, even one or two puffs	57.3	± 4.5	58.4	± 3.1	0.70	Not Different
Percentage of students who smoked a whole cigarette for the first time before age 13	18.8	± 2.7	18.3	± 1.7	0.79	Not Different
Percentage of students who smoked cigarettes on one or more of the past 30 days	19.6	± 2.3	21.9	± 2.1	0.16	Not Different
Percentage of students who smoked cigarettes on 20 or more of the past 30 days	8.8	± 1.7	9.7	± 1.4	0.41	Not Different

Tobacco Use						
Question	2003 Nevada Results		2003 United States Results		Change Over Time	
	Percent	95% Confidence Interval	Percent	95% Confidence Interval	P-Value**	Direction of Change***
Percentage of students who smoked two or more cigarettes per day on the days they smoked during the past 30 days	11.8	± 1.8	14.7	± 1.7	0.03	Different
Percentage of students who smoked more than 10 cigarettes per day on the days that they smoked during the past 30 days	1.4	± 0.6	3.1	± 0.6	<0.01	Different
Percentage of students who usually got their own cigarettes by buying them in a store or gas station during the past 30 days	4.0	± 1.4	6.2	± 0.7	0.01	Different
Percentage of students less than 18 years of age who were current smokers and purchased cigarettes at a store or gas station during the past 30 days	6.9	± 3.4	18.9	± 2.7	<0.01	Different

Tobacco Use						
Question	2003 Nevada Results		2003 United States Results		Change Over Time	
	Percent	95% Confidence Interval	Percent	95% Confidence Interval	P-Value**	Direction of Change***
Percentage of students who smoked cigarettes on school property on one or more of the past 30 days	7.4	± 1.4	8.0	± 1.4	0.61	Not Different
Percentage of students who used chewing tobacco or snuff on one or more of the past 30 days	3.6	± 1.2	6.7	± 1.5	<0.01	Different
Percentage of students who used chewing tobacco or snuff on school property on one or more of the past 30 days	2.8	± 1.1	5.9	± 3.0	0.06	Not Different

Nevada YRBS 2001, & 2003:

Nevada YRBS				
	2001 (%)		2003 (%)	
Behaviors	**MS**	**HS**	**MS**	**HS**
Ever tried smoking a cigarette	36.5	66.5	34.5	57.3
Smoked first cigarette before age 13	19.5	23.3	16.4	18.8
In past 30 days, smoked cigarettes on ≥1 days	13.0	25.3	10.4	19.6
In past 30 days, of those who reported current cigarette use, smoked >10 cigarettes per day on the days they smoked		12.0		8.0
In past 30 days, of those who reported current cigarette use, purchased their cigarettes in a store or gas station	6.0	23.0	5.8	19.9
In past 30 days, of those who bought or tried to buy cigarettes in a store, were not asked to show proof of age	72.0	46.0	60.9	39.5

Nevada YRBS				
	2001 (%)		2003 (%)	
In past 30 days, smoked cigarettes on school property ≥1 days	4.6	10.4	3.4	7.4
In past 30 days, used chewing tobacco, snuff, or dip on ≥1 days	3.9	7.0	3.4	3.6
In past 30 days, used chewing tobacco, snuff, or dip on school property on ≥1 days		4.1		2.8
Middle School – MS; High School - HS				

National Youth Tobacco Survey, United States, 2002 & 2004

TABLE 1: Percentage of students in middle school (grades 6–8) who were current users* of any tobacco product, by product type, sex, and race/ethnicity — National Youth Tobacco Survey, United States, 2002 and 2004

	Any tobacco†		Cigarettes		Cigars		Smokeless tobacco		Pipes		Bidis		Kreteks	
Characteristic	**%**	**(95% CI§)**	**%**	**(95% CI§)**	**%**	**(95% CI§)**	**%**	**(95% CI§)**	**%**	**(95% CI§)**	**%**	**(95% CI§)**	**%**	**(95% CI§)**
Middle school, 2004														
Sex														
Male	12.7	(±1.5)	7.9¶	(±1.2)	6.7	(±0.9)	3.8	(±0.8)	3.5¶	(±0.7)	3.0	(±0.5)	2.0¶	(±0.4)
Female	10.9	(±1.4)	8.8	(±1.4)	3.8	(±0.6)	1.9	(±0.4)	1.9	(±0.4)	1.8	(±0.4)	1.2	(±0.3)
Race/Ethnicity														
White, non-Hispanic	11.3	(±1.6)	8.5	(±1.5)	4.4	(±0.7)	3.0	(±0.7)	2.3	(±0.6)	1.9	(±0.4)	1.3	(±0.3)
Black, non-Hispanic	12.4	(±2.2)	7.6	(±1.7)	6.9	(±1.7)	2.0	(±0.8)	2.2¶	(±0.7)	2.9	(±0.9)	1.6	(±0.6)
Hispanic	15.1	(±2.1)	9.9	(±1.5)	8.2¶	(±1.3)	3.8	(±0.9)	5.3	(±1.2)	4.3¶	(±0.8)	2.9	(±0.7)
Asian	5.1	(±2.3)	2.7¶	(±1.7)	1.2¶	(±1.1)	1.0	(±0.7)	1.5¶	(±1.2)	1.1	(±1.1)	1.5	(±1.3)
Total	**11.8**	**(±1.3)**	**8.4**	**(±1.1)**	**5.3**	**(±0.7)**	**2.8**	**(±0.5)**	**2.7¶**	**(±0.5)**	**2.4**	**(±0.4)**	**1.6**	**(±0.3)**
Middle school, 2002														
Sex														
Male	14.7	(±1.6)	9.8	(±1.3)	7.9	(±1.1)	5.3	(±1.3)	5.1	(±0.8)	3.1	(±0.6)	2.7	(±0.6)
Female	11.7	(±1.4)	9.7	(±1.4)	4.1	(±0.7)	1.6	(±0.5)	1.9	(±0.4)	1.7	(±0.4)	1.1	(±0.3)
Race/Ethnicity														
White, non-Hispanic	13.2	(±1.9)	10.1	(±1.6)	5.5	(±1.0)	3.8	(±1.1)	2.8	(±0.6)	1.8	(±0.4)	1.5	(±0.4)
Black, non-Hispanic	13.5	(±2.4)	9.0	(±2.3)	7.3	(±1.7)	2.3	(±0.9)	3.9	(±1.4)	3.1	(±1.0)	2.3	(±0.9)
Hispanic	12.5	(±1.9)	8.7	(±1.5)	6.3	(±1.1)	2.7	(±0.7)	4.3	(±0.9)	2.9	(±0.7)	2.6	(±0.7)
Asian	8.6	(±3.3)	7.4	(±3.3)	5.0	(±2.8)	3.5	(±2.7)	4.6	(±2.7)	3.1	(±2.2)	3.8	(±2.9)
Total	**13.3**	**(±1.4)**	**9.8**	**(±1.2)**	**6.0**	**(±0.7)**	**3.5**	**(±0.7)**	**3.5**	**(±0.5)**	**2.4**	**(±0.3)**	**2.0**	**(±0.4)**

* = Used tobacco on at least 1 day during the 30 days preceding the survey.

† = Cigarettes, cigars, smokeless tobacco, pipes, bidis (leaf-wrapped, flavored cigarettes from India), or kreteks (clove cigarettes).

§ = Confidence interval.

¶ = Significant difference ($p<0.05$), 2004 versus 2002.

TABLE 2: Percentage of students in high school (grades 9–12) who were current users* of any tobacco product, by product type, sex, and race/ethnicity — National Youth Tobacco Survey, United States, 2002 and 2004

	Any tobacco†		Cigarettes		Cigars		Smokeless tobacco		Pipes		Bidis		Kreteks	
Characteristic	**%**	**(95% CI§)**	**%**	**(95% CI§)**	**%**	**(95% CI§)**	**%**	**(95% CI§)**	**%**	**(95% CI§)**	**%**	**(95% CI§)**	**%**	**(95% CI§)**
High school, 2004														
Sex														
Male	30.7	(±2.7)	21.6	(±2.4)	18.4	(±1.8)	9.9	(±1.9)	4.8	(±0.8)	3.7	(±0.7)	3.4	(±0.7)
Female	24.1	(±2.5)	21.8	(±2.5)	7.6	(±1.1)	1.2	(±0.4)	1.5	(±0.5)	1.6	(±0.4)	1.6	(±0.5)
Race/Ethnicity														
White, non-Hispanic	30.8	(±3.2)	24.8	(±3.0)	13.7	(±1.7)	6.9	(±1.4)	3.1	(±0.7)	2.4	(±0.5)	2.5	(±0.6)
Black, non-Hispanic	16.8¶	(±2.5)	10.9	(±2.5)	10.0	(±1.6)	1.4	(±0.7)	1.7¶	(±0.7)	2.1	(±0.7)	1.3	(±0.6)
Hispanic	25.7	(±2.3)	20.5	(±2.3)	13.5¶	(±1.6)	3.2	(±0.8)	4.8	(±0.9)	4.8¶	(±0.8)	3.6	(±0.8)
Asian	13.3	(±3.3)	11.3	(±2.6)	6.2	(±2.5)	2.0	(±1.3)	2.1	(±1.1)	2.1	(±1.1)	1.3	(±0.9)
Total	**27.4**	**(±2.4)**	**21.7**	**(±2.2)**	**12.9**	**(±1.3)**	**5.5**	**(±1.1)**	**3.2**	**(±0.5)**	2.7	**(±0.4)**	**2.5**	**(±0.4)**
High school, 2002														
Sex														
Male	32.6	(±2.3)	23.9	(±2.1)	16.9	(±1.4)	10.5	(±2.0)	5.0	(±0.9)	3.7	(±0.8)	3.5	(±0.7)
Female	23.7	(±1.8)	21.0	(±1.9)	6.2	(±0.9)	1.2	(±0.3)	1.4	(±0.4)	1.5	(±0.4)	1.8	(±0.5)
Race/Ethnicity														
White, non-Hispanic	30.9	(±2.0)	25.2	(±1.8)	11.8	(±1.0)	7.3	(±1.4)	2.8	(±0.6)	2.2	(±0.5)	2.7	(±0.6)
Black, non-Hispanic	21.7	(±2.9)	13.8	(±2.8)	12.0	(±1.9)	1.8	(±0.8)	3.7	(±1.2)	3.4	(±1.1)	1.9	(±0.8)
Hispanic	24.1	(±2.7)	19.8	(±2.5)	10.8	(±1.5)	3.3	(±1.1)	4.6	(±1.1)	3.5	(±0.9)	3.0	(±0.8)
Asian	14.6	(±3.8)	12.2	(±3.4)	5.4	(±2.3)	2.1	(±1.5)	2.7	(±1.5)	2.9	(±1.6)	2.1	(±1.7)
Total	**28.2**	**(±1.7)**	**22.5**	**(±1.6)**	**11.6**	**(±0.9)**	**5.9**	**(±1.1)**	**3.2**	**(±0.6)**	**2.6**	**(±0.5)**	**2.7**	**(±0.4)**

* = Used tobacco on at least 1 day during the 30 days preceding the survey.

† = Cigarettes, cigars, smokeless tobacco, pipes, bidis (leaf-wrapped, flavored cigarettes from India), or kreteks (clove cigarettes).

§ = Confidence interval.

¶ = Significant difference ($p<0.05$), 2004 versus 2002.

TABLE 3: Percentage of students in middle school (grades 6–8) and high school (grades 9–12) who reported being exposed to tobacco–related media and advertising, and current cigarette smokers aged < 18 years who tried to buy cigarettes in a store, by sex and race/ethnicity — National Youth Tobacco Survey, United States, 2004

	All Students				Current cigarette smokers* aged < 18 years			
	Saw actors on television or in movies using tobacco		Saw advertisements for tobacco products on the Internet		Were not asked to show proof of age when purchasing cigarettes		Were not refused purchase because of age	
Characteristic	**%**	**(95% CI†)**	**%**	**(95% CI†)**	**%**	**(95% CI†)**	**%**	**(95% CI†)**
High school								
Sex								
Male	78.4§	(±1.6)	33.8§	(±1.7)	64.4	(±7.8)	66.9	(±7.2)
Female	77.2§	(±1.8)	34.4§	(±2.2)	75.3	(±7.7)	69.8	(±6.6)
Race/Ethnicity								
White, non-Hispanic	78.5§	(±1.9)	34.3§	(±2.2)	76.7	(±8.6)	72.8	(±8.2)
Black, non-Hispanic	76.9§	(±2.2)	32.0§	(±2.3)	65.9	(±12.2)	64.8	(±9.7)
Hispanic	77.9§	(±1.7)	36.5§	(±2.0)	60.0	(±9.6)	61.5	(±8.8)
Asian	74.2§	(±4.2)	28.1§	(±5.1)	__¶	__¶	__¶	__¶
Total (middle school)	**77.8§**	**(±1.5)**	**34.1§**	**(±1.6)**	**69.9**	**(±6.1)**	**68.5**	**(±5.4)**
High school								
Sex								
Male	85.9§	(±1.2)	38.4§	(±1.7)	58.1	(±4.5)	52.7	(±4.0)
Female	87.4§	(±1.1)	38.9§	(±1.9)	70.0§	(±6.4)	70.8	(±5.1)
Race/Ethnicity								
White, non-Hispanic	87.0§	(±1.3)	37.6§	(±1.8)	62.6	(±6.0)	61.0	(±4.2)
Black, non-Hispanic	85.4§	(±1.7)	38.5	(±2.6)	74.6	(±8.9)	70.9	(±9.1)
Hispanic	86.2§	(±1.3)	44.5§	(±2.3)	61.7	(±5.8)	54.5	(±6.6)
Asian	86.3§	(±3.5)	40.6	(±4.2)	__¶	__¶	__¶	__¶
Total (High school)	**86.6§**	**(±0.9)**	**38.6§**	**(±1.4)**	**63.4**	**(±4.8)**	**61.2**	**(±3.3)**

* = Smoked cigarettes on at least 1 day during the 30 days preceding the survey.

† = Confidence interval.

§ = Significant difference ($p<0.05$), 2004 versus 2002.

¶ = Unstable estimate because of small sample size.